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OVERSIGHT OF FEDERAL DRUG POLICY PROGRAMS AFFECTING STATE AND LOCAL GOVERNMENTS

HEARING

BEFORE THE

COMMITTEE ON GOVERNMENTAL AFFAIRS UNITED STATES SENATE

ONE HUNDRED FIRST CONGRESS

FIRST SESSION

SEPTEMBER 21, 1989

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OVERSIGHT OF FEDERAL DRUG POLICY PROGRAMS AFFECTING STATE AND LOCAL GOVERNMENTS

THURSDAY, SEPTEMBER 21, 1989

U.S. SENATE,
COMMITTEE ON GOVERNMENTAL AFFAIRS,
Washington, DC.

The Committee met, pursuant to notice, at 9:35 a.m., in room SD–342, Dirksen Senate Office Building, Hon. John Glenn, Chairman of the Committee, presiding.

Present: Senators Glenn, Levin, Kohl, Cohen and Wilson.

OPENING STATEMENT OF CHAIRMAN GLENN

Chairman GLENN. The hearing will be in order.

Today the Committee on Governmental Affairs under its jurisdiction over intergovernmental relations between the Federal, State and local entities will examine the Federal, State and local effort aimed at fighting the drug scourge that is sweeping our land. We can ill afford to be partisan or parochial about the fight against illegal drug use. The public will not stand for it and the Nation cannot afford it. The statistics are grim. Despite the fact that casual drug use among the majority of our people is down, the hard core users are more active than ever.

Several years ago in the comic strip Pogo, the lead comic character utters the line, "We have met the enemy and they is us." We have legitimate national concerns about the economic power of Japan, the military might of the Soviet Union, but it has become evident that our Nation's future depends also on our ability to stem the relentless flow of illegal drugs into our country, and the sale and use of these drugs by our own people.

We have seen the very corrupting influence of illegal drug use moving across this Nation in a pattern more destructive than any hurricane or any tropical storm ever chartered by the National Weather Service. We can rebuild the damage from a storm, but how can we make whole a baby born addicted to cocaine? And how can we restore pride in a family that sees a 14-year-old son make more money in a night serving as a drug carrier or lookout than his father earns in a week at a minimum wage job? How can we restore the public's faith in our social institutions when they fail to answer this country's greatest challenge?

Unlike a hurricane's path, illegal drugs establish no pattern and leave no community immune to their destruction. There is a saying you are either part of the solution or part of the problem. We are

here today to find out what must be done for the Federal Government to become part of the solution.

The President, responding to legislation enacted by Congress in 1986 which created the Office of National Drug Control Policy, has issued a virtual proclamation of war against illegal drug use. The overall plan as announced by President Bush and created by Secretary Bennett calls for a tremendous commitment by State and local governments, governments whose resources are already strained by a war they have been fighting long before the President's declaration.

We are asking Governors and mayors to produce resources for the drug war that may be beyond their means. If we send them rhetoric instead of the resources to wage this war, we are stretching the limits of cooperation between Federal, State and local governments, and that is what we want to look into this morning.

Now, overall the President's proposed drug control strategy would increase funding in fiscal year 1990 for substance abuse programs by approximately $2.2 billion. That is the increase. But of that, according to estimates by the think tank Federal Funds Information for States, FFIS, $509 million will go for grants to State and local governments. However, the President has also asked for $604 million in cuts in State and local grant funds to pay for the war on drugs. In other words, if you look at the whole program, the States come up with a net loss of $95 million.

So today one of our major questions must be does the President's plan represent the right strategy? Has the right balance been struck among law enforcement, education and treatment? Drugs have worked their way into our communities across this Nation. Is it reasonable to try and fight them with a plan that takes money away from almost one half of our States?

There are other questions. Overall drug use is, in fact, on the decline in America and has been since the late 1970s, particularly so since 1985. The President's goal of reducing drug use by 5 percent a year has been met and exceeded during the past few years without even having a drug plan, without having a drug czar or a national drug plan.

On the other hand, drug related violence, the violence aspects of this thing, has been on the increase, especially in our inner cities. Too many of our young people are hooked on both legal and illegal drugs. I put legal in there because alcohol is a drug of entry and the alcohol problem is at least as big as the hard drug problem that is receiving so much attention these days.

We had 4,700 drug overdoses last year, while 24,000 people died on the highways in alcohol related accidents last year. One hundred thousand to 200,000 people die of alcohol related deaths every year in this country. Over 50 percent of the entries into VA hospitals are alcohol related. So it has to be a coordinated effort on both legal and illegal drugs.

Main Street in too many of our cities and towns has become a battleground. Too many of our parks instead of being open spaces for kids to play have become open air drug markets. Too many of our schools, instead of being centers for learning and knowledge have become centers for illicit drug trade. This fight against illegal drugs is a fight that will not be won by rhetoric and by press re-

leases and the setting of cynical goals that can be attained without effort. It is a fight that must be won on the streets of every State and city in this country.

Our witnesses today are in an excellent position to know what Government at the State and local level can do and has done in fighting the drug problem and what resources are needed to make future advances. I have asked them to use their testimony to evaluate the President's proposals from their perspective as front line troops in the drug war. The Federal Government will not be able to do all the things that we talk about here in Washington. It has to be executed at the State and the local level. So I appreciate their willingness to appear today, and I certainly welcome their testimony this morning.

Before we continue, I have statements from Senators Pryor and Lieberman who were unable to attend today's hearing. They will be inserted at this point in the record.

[Statements of Senators Pryor and Lieberman follow:]

STATEMENT OF SENATOR PRYOR

Mr. Chairman, I want to commend you for holding this hearing on the State and local dimension of the war on drugs. I have long been concerned that the billions of dollars being spent on the war against drugs are not filtering down to the State and local levels, where they are so desperately needed.

On June 16, I released a GAO report which demonstrated that of the $21 billion we have spent on the war on drugs since 1981, only 3 percent has gone to the State and local level. This is no way to treat our front line troops.

Mr. Chairman, as you know, I will be holding a field hearing in Arkansas next month to focus on the drug problem in my State. One measure of the growing nature of the problem is illustrated by the number of arrests for the sale and manufacture of cocaine, opium, and derivatives of these drugs: there was an increase of 600 percent in Arkansas between 1983 and 1988.

In order to learn what resources are available at the State and local level, and what additional resources are needed, I have asked law enforcement and criminal justice officials, prison inmates, social workers, community workers, educators, and students to testify.

In this context, I am disappointed to see in the report by "The Federal Funds Information for States" that if the President's proposed Drug Strategy were put into effect, the State of Arkansas would be a net loser of grant funds to the tune of over $600,000.

While the treatment and prevention related grants would increase somewhat, the economic development, housing, and juvenile justice grants would be cut. It seems to me, Mr. Chairman, that cutting in these areas to fund the war on drugs could well have the unintended effect of exacerbating the drug problem. Faced with a worsening crisis, my State, and indeed most States need greater assistance from the Federal Government.

Therefore, I look forward to hearing the testimony from today's witnesses. I hope to learn from them some new ways Arkansas can wage its war against drugs.

STATEMENT OF SENATOR LIEBERMAN

Mr. Chairman, thank you for conducting this hearing on the effect of Federal drug policies and programs on State and local government.

The real war on drugs is being fought every day on the streets of our towns and cities. Perhaps the most difficult challenge we face in addressing the problem of drugs at the Federal level is understanding the problem at the State and local level. We need to know what solutions can be carried out most effectively by State and local governments and how to get funds to the places where they can most efficiently be used.

In short, it is a long way from the halls of Congress to the streets of America. We cannot listen too much or too carefully to those who are closer to both the problems and the solutions—like the witnesses here today.

At the end of May, under the auspices of this Committee, I held a hearing on crime and drugs in Connecticut. I listened to Governor O'Neill, to State and local police officers, to directors of drug treatment programs, and to local community leaders. I learned how problems of prison overcrowding can utterly undermine otherwise effective law enforcement efforts. I learned that there are treatment programs with money in hand that cannot find a place to locate, because of community opposition. And I learned that the people and communities that are most devastated by drugs often show the greatest initiative, resolution and courage in trying to cope with the problem. I have carried with me the lessons I learned from that hearing, and those lessons continue to inform my approach to the drug problem.

I am sorry that, because of my involvement in hearings on the Clean Air Act that begin today, I will be unable to be present for this hearing. I do appreciate the help that the elected officials testifying today will be providing to this Committee, and I will read their written statements.

I thank you for holding today's hearing, Mr. Chairman.

Chairman GLENN. We have leading off this morning two of our Governors, the Honorable Richard F. Celeste, Governor of the State of Ohio, and the Honorable Bob Martinez, Governor of the State of Florida. Our second panel will be the Honorable Tom Bradley, Mayor, City of Los Angeles, the Honorable Pam Plumb, Councilor, City of Portland, Maine, and the Honorable Jim Moran, Mayor of the City of Alexandria, Virginia.

We will lead off this morning with the Governors' statements. We welcome you both this morning. Governor Celeste, if you will lead off with your statement, either an abridged version thereof or its entirety.

TESTIMONY OF HON. RICHARD F. CELESTE, GOVERNOR OF THE STATE OF OHIO

Governor CELESTE. Thank you very much, Mr. Chairman. Inasmuch as the full statement will be part of the record,[1] let me try to highlight the points of the statement that I think bear particularly on your inquiry about the impact of the President's proposal on State and local government and the perspective of the State of Ohio on this matter.

I want to say before sharing those comments, however, I am very pleased to be here with my colleague, Governor Martinez of Florida, who among the national Governors has really been the leading advocate for forceful action at the State and local level, and I salute him on that leadership.

I greatly appreciate the fact that the President has focused this Nation's attention in a very forceful way in the power of his own office on the drug problem, and I think it is fair to say that certainly in the State of Ohio we share the goal which he has articulated, which is safe, drug free communities for every part of our State and of our Nation.

I would, however, take issue with some of the means, rather than the end, that he suggests. First, to me it is clear that the main battleground in this drug war is right here, it is not over there some place. It is not just in our inner cities. Yes, it is true that we have a terrible problem with crack cocaine being sold on street corners in our inner cities, but we also have a terrible problem with back door sales of prescription drugs, and we have a terrible problem with barrooms in college towns that don't even bother to check

[1] See p. 47.

fake IDs before they serve underage kids beer or whatever. The reality is that the vast majority of cocaine addicts we have to treat at some point in the future have more than one addiction and usually it began with an addiction to alcohol.

The second point I would make is that while strong law enforcement is essential, locking everyone up will not solve the problem. The bulk of the President's new money is slated for Federal prisons, and the reality is about 90 percent of the people we incarcerate are incarcerated in State and local facilities. But beyond that, I think the State of Ohio sheds light on this whole approach. We are in the process of completing a prison construction program that will double the number of prisons in our State by 1991, and yet if you look at our prison population when we began in 1983 and the prison population we anticipate in 1991, we will be as overcrowded after the completion of the $650 million construction program as we were when we began early this decade.

If we look at our youth facilities, just in the last 3 years the number of young people incarcerated for drug related violations is up 635 percent. So if we put all of our resources in bricks and mortar to build more prisons, I think we would still be overcrowded and we wouldn't have broken the back of the problem.

So while we must be tough on offenders, I think what we need to do here is to target violent and chronic offenders for our secure facilities and work together to design tough and practical sentencing alternatives for the others.

The next point I would underscore is this. We need a stronger emphasis on treatment than is proposed as I read the President's plan. I could cite many examples, but we have an outstanding treatment specialist in Cincinnati by the name of Jackie Butler who has for a number of years had a program for minority women, in particular. I appeared with her on a panel this past week. I asked what kind of a waiting list does she have for her treatment facilities in Cincinnati.

There are 260 women waiting for admission to that treatment program. There has been considerable attention focused on cocaine babies, or crack babies. In Cleveland in 1987 there were 37 crack babies born that year. Currently there are 37 crack babies born each month in the City of Cleveland. I mention this because 12 of the 19 women currently in Jackie Butler's facility are pregnant, a number of those on the waiting list are pregnant. The treatment facility is not going to help pregnant women on a waiting list.

Our State is working to strengthen our capacity in this arena. The Ohio Senate earlier this week voted to create a Department of Alcohol and Drug Addiction Services, and the legislature, at my request, appropriated significantly increased funding for education and prevention, detoxification and treatment funds, which will be made available as this new department gears up. The focus of our treatment will be on underserved populations, particularly minorities and women.

What I suggest, our top national goal should be to achieve treatment on demand, and that it might be useful to establish a formula, for example, that we would create 10 treatment beds for every new prison bed we create, so that we maintain that strong emphasis on our ability to treat those, including those, frankly, who are

in our correctional facilities. I agree with the President's notion that we should have, as a provision of release back into the community, regular drug testing for those who have been in prison who have been addicted, to ensure that they are staying clean.

The third point I would make in terms of priorities is that education is a key to prevention and we have to start very early. The President's request, however, of $37 million for increased funding for drug education amounts to about $1 per school child per year. That is the equivalent of taking a day or two's milk money, one day's lunch money, and trying to use it to enhance our education efforts. And I think that is certainly inadequate.

Which brings me to the President's spending proposals. In some respects his proposal is harder on the States than it is on the drug dealers, at least in its immediate impact. I think of the $2 billion plus that are proposed to be added, about $1½ billion is being spent, or recommended to be spent, at the Federal level. And as you have indicated, Mr. Chairman, in your opening remarks, the States would receive $509 million of extra money, but when we look at where the Office of Management and Budget has suggested that money come from, it is coming from programs like Juvenile Justice grants, which we use in Ohio for seriously at risk youth, the elimination of the EDA, which focuses funds on those areas of our State that have extreme poverty.

And Ohio is a net gainer. I mean, I suppose I should not personally object to this since Ohio stands to gain about $10 million. But frankly, recognizing that States are in the front line, I think it is inappropriate prioritizing to create a circumstance in which a significant number of States are losers, and some of them very substantial losers, in terms of resources available to fight this effort.

I would note in passing as a consequence, that I would be inclined to prefer Senator Byrd's approach, which is both fairer in terms of where the cuts are achieved, and better focused in terms of where the funds are directed.

But beyond the funds, themselves, I would like to mention just four other headlines and the Federal/State relationships that I think are implicit in the President's proposal as we gear up to work on this shared effort of a war on drugs.

First, I would plead with Congress to please provide continuity in funding. I think that every Governor and everyone involved in the administration of programs at the State and local level is concerned when programs fluctuate dramatically from year to year, or the names and the regulations of programs change even though perhaps overall revenue stays about the same. Continuity is essential for us to be effective in how we use the money, and for us to be effective in the accountability for how we use the money.

Second, I would recommend that we keep the authority for allocating drug grants to communities in the hands of State government. Now, I know some communities have complained that means they don't get money in a timely way, but I would suggest that you might look at the Federal highway formula where those States that don't use their Federal allocations as we move toward the end of the Federal fiscal year, have money taken away and that money is reallocated to States that are using money aggressively, and I

think that would address or create the incentive for States to be timely in their decisions on grant making.

Third, I would urge you to reexamine the change in the State and local match, the increase which is due on October 1 from a 50/50 match to a 75/25 match, because I am concerned that in many rural communities, small communities in, for example, our inner city minority focused programs, it may be very difficult to generate that match, and so I urge re-examination.

Finally, I would ask that you review the accountability and mandated criminal justice policies that were contained in the President's proposal very closely. My experience is that we need flexibility in programs once goals have been clearly stated. Even within Ohio we find that what may work for some parts of the State will not work effectively in other parts of the State. And certainly what works well in Florida may be different from what works well in Ohio.

I would like to conclude with this observation. This past week I met with all of the people in our Department of Youth Services who are substance abuse counselors, those who work with young people who have substance abuse problems. And I met with two young individuals, two young men who have been sent to our youth service facilities because they have been involved in drug trafficking.

One of them was a young fellow named Robert, 13 years old from Toledo, who was in for abuse but his actual offense was trafficking, they reduced it to abuse. And I asked him what had helped him to go from 5th grade—which is where he was in school—to 7th grade during the 4 months that he had been with us in jail, in effect. And he said the program. I asked him what will keep him clean when he goes back to his neighborhood in Toledo, and he said, I am going to take it 1 day at a time.

I think it is essential every time we focus on this enormous plague which infects our society that we remind ourselves of the 1 program which historically has made a dramatic difference in the lives of those who are addicted. And Robert will have to take it 1 day at a time for the rest of his life. I think all of us will have to take it 1 day at a time if we are to win this war on drugs.

Thank you, Mr. Chairman.

Chairman GLENN. Thank you Governor Celeste.

Governor MARTINEZ of Florida. Governor, you are on the front line. We hear so much about Florida and the inflow of drugs. You have really had your problems and we appreciate your willingness to be with us today.

TESTIMONY OF HON. BOB MARTINEZ, GOVERNOR OF THE STATE OF FLORIDA [1]

Governor MARTINEZ. Thank you, Mr. Chairman. I think, like Governor Celeste indicated, most Governors have a great deal of agreement on the approaches. We may differ from time to time on specifics, but I think we all have great knowledge of what our problems are in the respective States and recognize that at this

[1] See p. 57 for Governor Martinez' prepared statement.

moment the issue of drugs is certainly paramount, and that overshadows most other governmental activities.

I want to thank you for this opportunity to address the Senate Governmental Affairs Committee regarding our Nation's vital war on drugs. Considering the recent events in Colombia, and the President's newly released drug control strategy, this hearing is most timely as we work to wipe out the scourge of drugs through national and State efforts.

As Governor of the State at the front lines of our Nation's drug problem and as lead Governor for substance abuse and drug trafficking issues for the National Governors' Association, I appreciate your efforts to develop a comprehensive national program for fighting drugs. I firmly believe that the very fabric of our society is threatened by drugs and we cannot rest until we eliminate both the supply of drugs and the demand for them.

You have asked me to address a number of specific questions regarding Federal support of State and local drug control efforts, as well as intergovernmental coordination and ways to improve cooperation. You have asked my thoughts on the President's national drug control strategy. I would like to first address the President's plan, because I consider it to be the most relevant to today's hearing.

I believe President Bush's plan is a bold move in the right direction. I know it can work because we in Florida are already making key elements of the strategy work in our State. The President's address to the Nation has taken the fight against drugs to a new plateau. President Bush has given this effort an unprecedented level of attention. As our Nation's chief executive the President can focus public attention and rally public support in a way that none of us, Senators and Governors, even police chiefs and ministers, can do in our communities. By focusing on the drug problem from the overseas suppliers to the home town users, President Bush has given each of us reason to feel a personal commitment to this cause, and the effort cannot succeed without personal commitment.

With the White House as a rallying point, I believe the American people will gladly enlist to do their part in this war. As part of his drug control strategy, President Bush has recommended significant funding increases exceeding the budget amount that Congress recommended but did not appropriate during its 1988 session. He has wisely spread the funding among the areas of law enforcement, treatment, prevention, education and corrections in a comprehensive way.

The President has dramatically increased support for fighting drug production and exportation by foreign nations to $2 billion over 5 years. Earlier this year I traveled to the drug producing region of Latin America and I support major increases for Bolivia, Colombia, and Peru to make them more effective at reducing cultivation, processing and exportation of illicit drugs while they develop healthy legal economies.

Our commitment to the anti-drug efforts of foreign nations must be substantial and it must be sustained over time if we are to be successful. As much as we seek to eliminate the supply of drugs at its source, we must also recognize that there would be no supply if Americans did not provide the demand for the drugs. President

Bush has correctly focused attention on the user, as well as refusing to excuse the individual user's complicity in fueling the drug trade. We must remember that over 70 percent of those who use drugs are employed at some job in the United States and do not represent people that are unemployed.

The President's plan deserves special appreciation for its attention to public housing communities where the impact of drug abuse can be so chronic. In Florida I have just appointed a special Inner City Action Team to outline the needs and formulate workable strategies to deal with the drug problem, especially crack cocaine in the inner cities and other poor communities. It is abundantly clear, survey after survey points out, as you indicated, Mr. Chairman, that there is a decline in general use, but there is an increase in the inner cities and among the minority population of this country, and that represents a special challenge and a separate challenge to deal with that subject.

I support the expansion of drug-free workplace programs, which are so critical to the long-term success of our effort, again reiterating that over 70 percent of our drug users are gainfully employed, and therefore employers can play a major role in reducing demand. Florida passed a comprehensive drug-free workplace bill during our last legislative session and we are promoting the development of a full range of programs by our public and private employers.

I also support the President's focus on local level law enforcement. If we are to maintain the trust, confidence, and cooperation or our citizenry, we must demonstrate concern and action where they are most visible, on our streets, in our neighborhoods.

I would also like to compliment Congress and the various Federal agencies for the funding and guidance that have enabled States and cities to promote broader anti-drug agendas and initiate pilot programs that fit specific local needs, and I cannot agree more with Governor Celeste on this subject, that you must allow flexibility to deal with the demographics of a State and with the jurisdictions that we all have that are not identical from State to State. Thanks to these Federal contributions we have been able to improve our criminal justice systems and increase local law enforcement efforts.

We have expanded the use of the National Guard for eradication programs. We have expanded treatment capacity for drug abusers, with increased attention to AIDS patients, women and babies, and we have broadened and improved the coordination of prevention programs, both school based and community based, with such programs as DARE for education and the Florida Informed Parents for Information.

In Florida I first created in 1988 a State-wide Drug Policy Task Force, which is chaired by the policy director—in this case it is Major Doug Hughes, who is commonly referred to as the Florida czar on drugs—as well as a committee of law enforcement leaders to work together to fight the crack cocaine problem. The Inner City Action Team I referred to earlier is working to develop recommendations and strategies for dealing with the drugs, the crime, and the decline of poor inner city and minority communities.

And we have done all of this with the full cooperation of Federal agencies. My Drug Policy Task Force includes the Florida-based heads of DEA and Customs, as well as a U.S. Attorney for the

Middle District of Florida. I recently convened a military and law enforcement summit meeting in Tampa to focus on interagency cooperation and military assistance to civil authorities. The summit was attended by representatives of the Department of Defense, the National Guard Bureau, Customs, the FBI, DEA, the Coast Guard, and the U.S. Attorney, as well as State and local law enforcement, the Florida National Guard, and representatives of States across the country. The effort must be integrated and coordinated or money will be used, obviously, to compete against one another.

These and many more initiatives, too numerous to mention here, are examples of actions that have been taken, in part due to the support provided by the Federal Government. My State's anti-drug strategy as outlined in our 1989 report, "Toward a Drug Free Florida," is a comprehensive approach that ranges from prevention to prisons. This year, for example, just in 1 year we have funded over 9,000 new prison beds, an unprecedented 1 year expansion of a system rapidly filling up with drug felons.

Beyond our prison investment, when new Federal and State funding for other anti-drug efforts are combined, 66 million new dollars have been invested in programs ranging from prevention and education to treatment programs. I would also ask that we must develop a good monitoring system to see what kind of drug education programs work, and where I think it is even more critical, which treatment programs work, for there is little knowledge about success and therefore we must make certain that we are not simply spending money and those who go through treatment simply reenter the drug cult again because it has not solved that problem. So we have a lot of recidivism in this whole field and we need to come up with a model to evaluate the success level.

Our program to tax the proceeds of drug dealers is a national model, and we have expanded the enforcement staff from 3 to 45 to make certain that we take every dollar we can from everyone that is caught in the State of Florida. Paying for the increase, these added 45 people that chase down the assets of the criminal more than pay for themselves in terms of bringing revenue to the State of Florida.

You have asked for recommendations of ways to improve coordination or assistance. State and Federal agencies have their differences in philosophy, as do all agencies. But in Florida their collective effort is most productive, as our record of major cases, seizures, confiscations, and intelligence exchanges so clearly shows.

Regarding Federal support, I have four recommendations to offer. I cannot emphasize enough the need for consistent funding, just like Governor Celeste indicated, so our programs and strategies can remain stable and our expansion can be based on a solid foundation of experience. If anyone has entered this war because they think it is a sprint, a dash, they need to get out. This is a marathon. And if you are waiting for applause at the end of a 100-yard dash, you will not find it. You have scattered people watching this one because it is a long term haul and the worst thing that can happen is to have a year of high visibility infusion of money, only to be forgotten the next day and all the trained personnel brought aboard now are terminated since they cannot be kept on board. So either we are in for a marathon or we should not get in.

I recommend that Federal funds continue to flow through the States in order to promote a coordination among agencies in a way that equitably addresses priority areas. Please remember that the drug people do not stay in a jurisdiction. They have free flow, free movement, and it is intelligence among all jurisdictions that crosses city, county and State lines, and the more restrictive the appropriation is in terms of where it goes, the less you are going to be able to coordinate the initiative. So therefore, like Governor Celeste indicated, it ought to go to the State agency. If there are difficulties in getting it disbursed, that needs to be worked out mechanically, but I believe that once you start disbursing by jurisdictions, then I believe the clout that the money will bring will soon decline.

The increased funding proposed by the President and Congress will enable more money to flow to communities that may not share the limited funds previously available. I might also add on Federal funds, that any new initiative by the Federal Government that in essence either treats, educates, or apprehends criminals, means that State governments get relief. Right now we are having to do a good part of it, or most of it, in fact, all of it just about. So any effort by the Federal Government in any direction, whether it is to prosecute, when convicted to imprison, is a relief mechanism for States, therefore enabling that State to do more for its own citizens.

My last recommendation is that we support the use of military force, specifically special forces type personnel in foreign nations that request military assistance. The world's drug problems are severe and they call for strong measures. We need to fight the drug war on all fronts and to call other nations to action. We would not hesitate to use special forces to overcome a terrorist assault on American citizens. Yet I know of no more persistent form of terror than they inflict by the drug lords who prey on our people. Winning the drug war will not be easy, and it clearly will not be cheap. But if money alone were all it took, we would have won this war sometime ago. Instead, it will take the personal commitment I spoke of earlier, and I am proud that President Bush and Members of Congress, working hand in hand with the States, can lay out the foundation for the kind of effort that it will take to win this all important effort.

Mr. Chairman, we have two documents here prepared, one by the National Governors' Association, which shows what the respective States are each doing in a number of areas, and this one was from the Southern Governors' Association in terms of what the southern States have been doing in the effort to combat the drug issue.

So we will leave this with you.

Chairman GLENN. Thank you.

Governor MARTINEZ. Mr. Chairman, again I will thank you for the opportunity to express my views on a subject of great concern to Americans all over this great country.

Chairman GLENN. Thank you very much, Governor. I really appreciate the comments of both of you.

I would comment on your comments about the President bringing attention to this. That may be one of the biggest guns we have

in this whole thing, quite apart from money. Using the bully pulpit of the White House to try and set the direction, the tone of what peer pressure will be in the long run may be one of the most effective weapons. I don't say that in the interest of just not wanting to vote more money for this, it is that I think that may be a way of focusing attention that is going to be very important for the long term future.

One of the battles raging here right now, and has been for the last 2 weeks as we have tried to get together on the drug approach, whether it is the approach the President has taken or Senator Byrd's approach that they have been negotiating now for 10 days, all last week and so far this week, focuses things in a little different direction. The President's program goes about 70 something percent. It is 77 percent over on the side of interdiction and law enforcement, and only 23 percent in the areas of education and prevention.

The other approach, which we brought out last year—in fact, I was part of the drug task force in the Senate last year in which we proposed a more nearly 50/50 split in these two areas in prevention, and the Byrd approach goes more that direction, more of a 50/50 split. It is a different philosophical approach to it. I do not want to get all hung up in philosophy, but it is a different approach, and I would appreciate your comments on that.

Do you think we should be putting more into education, or do you think the law enforcement has to take precedent at this point?

Governor MARTINEZ. I am certain that everyone who examines this will come forth from where they believe it can be most effective, but the thing to remember is this: that if in fact you can stop the flow of drugs into the country from spreading, in essence, that means there will be less sales taking place. It also means, perhaps, that less requirement of law enforcement over a period of time specifically hired because of the spread of the drug distribution system.

Thus, you are reallocating resources from local and State government. So each of these will have an impact that is somewhat different. For if, in fact, you reduce the supply of drugs, then it releases money to do something else where you have been using it for that purpose in your respective States. I don't think we can cut off supply immediately. I am just giving you the fact that if it is going into interdiction, if it is going into law enforcement, in essence it provides cities and States with relief by virtue of there being less law enforcement activity because there is a reduction in the flow of drugs, thus dollars can be then moved internally by State and local governments into education as well.

I tend to believe that one of the major responsibilities of the Federal Government is try to keep drugs from entering the country. Only you all can do that. We cannot as a State. It is also easier to get at the laboratory than get it through a distribution system. Now, I know that is hard and it takes working with other countries and their willingness to accept you, and that is not an easy thing to do. But once it gets in a pipeline—you know, it comes in through Florida heavily, but once it gets there and hasn't been gotten by DEA or Customs or our own Florida Department or Law Enforce-

ment or sheriffs, and it hits those interstates, then it really gets hard to find.

Chairman GLENN. It does indeed and I am here to elicit information from you for illumination on this whole thing and not debate you on this. Let me just bring up a figure that we ran into when we were looking into this last year as part of the Senate Drug Task Force. Coast Guard estimates that they are only able to stop about 5 percent of the drugs coming there through interdiction. I don't think we can seal our borders to the point where we are able to pick up 50 percent, or 75 percent. It comes in in such small packages which can be expanded to an enormous amount of on-the-street drugs. I am all for interdiction, I am all for cooperating with foreign countries. But even if we stamp it out—let's say we cooperate fully with Colombia, we go into the jungles there in Colombia and we help them, say. Let's say that is a program that we decide upon.

It will move over to some place else and it will be in somebody else's backyard. Then we go into the next country and then you have the whole problem that it is not necessarily cocaine that is going to be the drug of the 1990s. It may be something else that is invented here in our own laboratories in this country. We used to get all our marijuana from outside the country. Now the second cash crop, I think it is estimated, in California is marijuana. We have our own problem in southern Ohio where it is an enormously profitable drug. We import very little marijuana now. So we have a shifting target.

Governor MARTINEZ. Of course, every State will be different. In education in our own respective State, I don't know of a school in Florida that does not have an education program dealing with drugs, and that goes all the way down to the kindergarten level. So we shouldn't be thinking that when we say we are going to put money in education like States have not been doing this.

Our State has been doing it for some time. We have a DARE program as well as school resource officers. Our teachers are tremendously committed to this personally because most of them have children of their own and they know what it is doing to children, and they have children in schools. So there is a tremendous commitment by teachers in the whole field of drug education.

So I don't think that in debating that we need money for education it ought to be thought upon that teachers and schools are not doing something with drug education. I can only speak for one State, but I can assure you that the commitment the educators are putting into drug education is tremendous. And I was at one school yesterday morning and it is clear that it is more than an assignment, it is a personal commitment by those in education.

Chairman GLENN. We use a 5-minute rule here on the Committee and my time is up, but I will take the liberty of letting Governor Celeste answer too, before we go to Senator Kohl.

Governor CELESTE. Mr. Chairman, I just wanted—in response to your question about the ratio of effort—in fact, I agree with Governor Martinez that the Federal Government, on the matter of interdiction, can play a role that no State can expect to play.

I think that it is very important that as a kind of national perspective we strike the balance that I think Governor Martinez

really indicated in his earlier comments. Our demand is as much responsible for this ongoing plague, the demand in our society, as the fact that growers make a profit in Colombia. If the demand were not there, we wouldn't see people growing these crops in the Andean countries. The reality is, according to my Director of Health, that we are seeing more and more designer drugs on the street. There is a level of sophistication now among young people about how to make things. Yesterday on one of the TV shows they were talking about "ice," the latest thing on the West Coast, which is totally synthetic, as I understand it.

And it seems to me that part of our strategy has to be to emphasize with our young people in the education program, with all of those who are involved in designing treatment programs, with our evaluation of what works—a very important point that Governor Martinez made—that a drug is a drug is a drug, and a substantial portion of what is afflicting our society are self-generated drugs, whether it is alcohol or prescription drugs that are being abused.

And for many, many people who become the market for these products in our inner cities, they didn't begin with cocaine, they didn't begin with crack. They began drinking a 6-pack of beer or drinking cheap wine. They began with amphetamines or something else. And for that reason, it seems to me, that starting at the top from the President's articulation of this problem on down, we need to keep that message out front, that we have to address drug addiction in every expression. It will be tougher, it is more intractable when it is tied up in a very tight knot with poverty and racism and all the other things that confine people to ghettos in our inner cities.

But it is a reality—the addiction and the market—is a reality all across our communities. I asked our youth services people, why is it that we are getting young black males from poor families in the Department of Youth Services? She said because if it is a middle-class white or black youngster, the parents will pay to put that child in a treatment program and they will not be sentenced. So we can't use the data about who is in our corrections system as a real indicator of where the problem exists in communities across our State.

Chairman GLENN. Senator Kohl.

Senator KOHL. Thank you, Chairman Glenn. I would like to discuss for a moment the amount of money that we are spending on what we call the war on drugs. As you know, it is less than 1 percent by anybody's reckoning of what our Federal budget is. In view of the seriousness of the problem in this country, the unanimity of feeling with respect to its seriousness, how do you feel about that—looking at our Federal Government and not being a direct part of it—spending less than 1 percent of our Federal budget on what we are calling the most serious problem that we have in this country?

Do you think that this represents a proper allocation of our resources, Governor Celeste?

Governor CELESTE. No, but I am reluctant to be very specific on how I would be different. As a Governor I have to make decisions every year on how we deal with our budget, and we are putting an increasing share of our budget into rehabilitation and corrections because of our growing prison population. I recommended an in-

crease in the last budget deliberations, an increase in our tax on beer and on wine to use that money for expanded treatment programs. I could not persuade my legislature to go along, but we did have sufficient revenue growth that we are substantially increasing funding there.

I guess my concern is as I listened to the President speak, just a few weeks earlier I had watched as the Congress and the Administration struggled to deal with a sick savings and loan industry find a means of identifying a pocket with $50 billion in it. It seemed to have bipartisan support and so on, and I wondered why that pocket wasn't a little deeper when it came to something that touches more lives in this country and is more threatening, I think, to our Nation's security, something like the drug crisis.

Senator KOHL. Well, do we as public officials—whether it is you out there in the States or here in Washington—do we have a right or is it correct and proper for us to talk about and depict a problem as seriously as we are to the American people and for them to feel it is as serious as it is and then to fund it in the way in which we do?

Is there something which is not honest on our part, or are we responding just to what we think is a public concern with words and some meager deeds but insufficient to really respond to what we are telling the public is very serious?

If this were really a war—if you look at a dictionary, or describe a war, all of us would describe it as an urgent crisis of the greatest sort that requires success and which we cannot lose. All those things describe a war.

Are we responding to what we call and are telling the American people is a war in a manner which you regard as sufficient?

Governor CELESTE. I don't want to duck this, because I am known as somebody who has recommended additional revenue when we have needed it in our State. I am not sure we are prepared sufficiently to treat it as a war, but I also am clear in my own mind that I don't believe we know where we would spend a whole lot more money well in this process, and I think——

Senator KOHL. It is the question of throwing money at a problem, because it is always a danger. But let's talk about something like treatment. You know, and we all know, that there are hundreds and hundreds of thousands of people who want a slot for treatment. And we all know how to create those slots. It is not a question of researching it, but we are are just funding it.

Governor CELESTE. Senator and Mr. Chairman, I know that we know how to create those slots and I think that we could use a significant infusion of money in the treatment area, and I suggested in my remarks that we establish a ratio—for every one new prison bed we create, we create 10 new treatment beds, because I think that is vitally important. But not every treatment program works the way we want it to, and indeed we have some bad experience with some treatment programs. So I think what we ought to do is say we will invest what is necessary to win this war, but we will do so in a very tough-minded way.

Senator KOHL. But we are all here trying to be honest and confront ourselves in the most brutal way. So I don't think we disagree that we could use more money in treatment intelligently.

Governor CELESTE. I agree.

Senator KOHL. Could we use more money, intelligently, in law enforcement?

Governor MARTINEZ. I don't think we can probably look at it in the isolated context that we are looking at this added $8 billion. When you look at the FBI, what it does, the DEA, the Customs, their activities are already driven by the drug issue, so you already have a tremendous resource assigned to fighting drugs because that is the overwhelming issue. Like our own sheriffs and police departments, their dollars naturally flow to fight drugs and out of their huge budgets I suspect a substantial amount of it is already there.

So these dollars are over and above what is already going in there. The same with education dollars. Any amount of these billions that may go to education is already to go on top of that. So I think you have to look at it in terms of what is the total outlay that is out there now and can this added amount, what will it do to that added outlay. This is not a line-item issue, because what happens with agencies, whether in our State Health Rehabilitative Services, Department of Education, Department of Business Regulations, which does the liquor and the bar activity, everyone has shifted their emphasis to this subject, and I cannot sit here and tell you how much of all those dollars appropriated to them has been skewed towards servicing drug issues against other issues.

And I think that is something to be remembered and I think what the Governor said is right, that the start-up is important and it is critical how it is done, because throwing money, not knowing exactly what you get in return can well discourage future activity by all of us because it has not worked.

Senator KOHL. I have just one final comment. I held what I regarded as an outstanding hearing in Wisconsin last week and we had the top educators, the top law enforcement people in the State, top treatment and prevention people in the State, and all of them talked in the most intelligent, convincing manner about what they could do effectively if they had more funds.

I don't think we have a right to call it a war on drugs in this country unless we are prepared to fund it as we would fund a war. Thank you, Mr. Chairman.

Chairman GLENN. Thank you. Senator Pete Wilson.

Senator WILSON. Thank you, Mr. Chairman. First, welcome to Governor Celeste and Governor Martinez. I must say the response they have made I find very heartening. It is clear that they have been wrestling with the problem and have an understanding of it.

Mr. Chairman, before I proceed to a couple of questions for the Governors, I note a chart here that says "21 States lose funds under the Bush drug plan."

Do I assume correctly that that was predicated upon the announced funding of the drug plan?

Chairman GLENN. Yes. What it is, out of the $2.2 billion additional, what that is based on is the study of the Governors, the FFIS study that showed that where States were given $509 million under this plan, they also were cut then $604 million in other programs that were cuts to pay for the first program, so the States overall come out with a net loss of $95 million, according to the FFIS study.

Senator WILSON. Well, I think to give credit where it is due, first we need to understand that when it says "Lose funds," they don't lose drug funds. They are getting drug funds, but if it is predicated upon the assumption that SLIAG is going to be about a third of that, I don't think——

Chairman GLENN. No, what it is predicated on, this is the net under all programs, what a State——

Senator WILSON. But about a third of that is SLIAG, correct? I see the staff has been nodding.

Chairman GLENN. I think that is correct.

Senator WILSON. Okay. Well, I think the good news is that I don't think that they intend to do that. However, there is a danger, and it is much nearer at hand, that is the Labor HHS appropriation, because I think the Administration has retreated.

Seeing my friend, Governor Martinez here, I know he has a keen interest in those SLIAG funds, as does Mayor Bradley and all of us who are concerned with the major impact upon our States from the legalization program in the Immigration Reform Act.

But having been largely responsible for getting that money in in the first place, along with several border State colleagues, we have twice had to rescue it, but now it is once again in danger, and the bill that will be coming before the Senate, the Labor HHS appropriation, is spending it for other purposes. I am sure they are very desirable purposes, but that is the real danger that we need to confront.

Let me just ask though, having said that, I don't think Congress, and I don't think the Administration, has yet confronted one major problem, and I heard Governor Celeste very candidly state that he was not sure how he would allocate additional funds. And I also agree with the point that while the Andean strategy, so-called, is one that I think we are late in pursuing, it is not the total solution, it cannot be.

If we were somehow successful tomorrow in instantly cutting off the flow of drugs into the United States from outside our borders, the threat from so-called designer drugs is very real and, to me, very, very frightening. These clandestine labs can produce drugs that will I think perhaps have an even more devastating effect. And they can do it very easily and very cheaply and they are springing up like weeds. So that is a very real challenge to domestic law enforcement.

But the point really is that the drug of choice for the moment, what has been fashionable at one point has changed within a matter of years and there has been a steady habit of drug use. What is most frightening is that in terms of the crack epidemic that we unhappily have been exporting from Los Angeles to the rest of the Nation, there seems to be a peculiar attraction on the part of the young women to this drug, and it is even more fiercely addictive than IV drug use has proved in the past.

I think that we are going to have to spend more money, far more money than the Congress—with the exception of my friend Herb Kohl, who has conducted a very good hearing on this matter—far more than the Congress or the Administration have allocated for the rehabilitation of pregnant, substance abusing women.

Now, I will tell you that if we had much more money to spend and were spending much more money, we not might not still be able to apply as much in the way of resources to this problem as is possible. And given the expensiveness of rehabilitation, I think we are compelled to conduct triage. And put in the simplest terms, men don't get pregnant. It is a good thing.

The fact of the matter is, women who are of childbearing years who are using crack pose an enormous threat most immediately to their own children, but societally it is going to cost us not just in tax dollars of a dimension or of a magnitude that we haven't thought about, but also in terms of what will flow from it when they produce irreversibly damaged children for which society is going to be paying for the rest of those children's lives.

Governor, I would suggest, with all respect, and not to you but to everybody, that we have not really begun to address in an effective preventive fashion through mandatory rehabilitation how we are going to prevent the recurrence of births of addicted children, how we are going to prevent what is in effect child abuse through the umbilical cord.

We have had testimony here from successful rehabilitation programs. They have been residential, they have been mandatory, they have involved months of round the clock reinforcement, and as expensive as that is in time and money, I think that it is a necessity, because otherwise I think we are just seeing the tip of the iceberg at this point.

Governor CELESTE. Mr. Chairman, Senator Wilson, let me clarify. I did not say I was not sure how I would allocate money, nor did I mean to suggest that we couldn't use additional money. I am concerned about the notion of $300 billion, which is our defense budget, versus the scale of $8 billion. There is clearly a need for additional money. I think we could use it in prison construction, we can clearly use it in treatment. And I argued in my comments that as a matter of national priorities we ought to say for every new prison bed we fund we fund 10 treatment beds. I think that it is essential.

To me it is not a mystery why young women—particularly young black women—are appearing more and more frequently in this problem of crack cocaine. It is marketed aimed at them. I have spent a lot of time talking to people across the State of Ohio. I don't know whether this is a message from LA or whether it is just street smarts in Cleveland or Cincinnati or Dayton, but crack is presented to a poor pregnant woman as a way to spontaneously abort. And there is some truth to that because it causes increased premature birth. It may or may not work. If it doesn't work, the woman can continue to use cocaine, she is hooked. And then she is told, toward the end of her pregnancy, that the crack will help her to deliver the baby faster and with no pain.

And so many of these women come in high, having smoked moments before they step into the hospital to have the baby. There are women who will come into University Hospital in Columbus, Ohio, and be gone in 36 hours, baby left behind, or gone with the baby, boom, that is it. We don't know it. It is hard to put them into treatment programs.

We need additional resources for treatment. I am deeply concerned about the priorities that are suggested here, especially when some of this money does come out of drug treatment programs. If we are taking money out of the Juvenile Justice program, $40 million or $50 million, that is money we use right now aimed at high risk youth.

So I would suggest, yes, we can use more money. But clearly I would allocate it, it I had the opportunity in Ohio, to increased treatment on targeted populations, women, minorities, young people.

Chairman GLENN. Governor Martinez wanted to respond to that question also.

Governor MARTINEZ. The thing, too, that I think where we need to spend the most emphasis and probably is the least expensive, is in the whole field of information and education. If, in fact, beginning with at birth through 18 when they go through the school system you win this war at one-eighteenth, because you are taking them through the system and you are graduating them, that is the ultimate victory, whether you are rehabilitating people, putting them in prison, or counting beds after the fact, after the crime has been committed, after the addiction as taken place. So we are not solving the problem. We are just jailing and treating.

The real issue is how do we reach this young population so we don't have to treat them and we don't have to jail them? Because otherwise we are not going to deal with this problem.

Now, this includes education also outside the school buildings. I have been to treatment centers where I have talked to youngsters personally and I asked, "Well, where did you first get interested?" Response: "My parents use it."

It went the second generation. And we must encourage our employers that at their workplace they too have a growing responsibility for education, not only why they as people should not use drugs, but to help them detect drug symptoms for their own children and encourage them to be active to do their part.

Otherwise, we will be able to count more beds for both, for treatment and for jails, but we will not solve the problem. So I know that often it is easier to count things that are physical and it is hard to judge if you are succeeding with prevention, but this war is going to be won by prevention and not by treatment.

Chairman GLENN. Let me clarify so there can't be any misunderstanding about the figures here. Senator Wilson asked about these things and I indicated they are from FFIS. The Federal Funds Information for States, FFIS, is a joint project of the National Conference of State Legislatures and the National Governors 'Association Center for Policy Research.

This was not information that was developed by the Committee, it came straight out of their own report, and I wanted to clarify that so there couldn't be any misunderstanding. What the President's program proposes are suggestions for where the money will come from, and I quote out of the report, "These suggestions include reducing funds for State Legalization Impact Assistant Grants"—the SLIAG funds that Senator Wilson mentioned—"eliminating funds for Economic Development Administration programs, eliminating most of the Juvenile Justice Assistance formula

grant, and transferring funds from operating subsidies for public housing to increased security for those projects."

So that is where the figures came from here. I just wanted to make sure everyone understood that.

We have been concerned, we hear some talk about lack of cooperation between Federal agencies—now, that is something we can take on here—between Federal agencies, say DEA, BATF, all the different things that you in particular, Governor Martinez, find in the problems that you face in Florida.

Is this a major problem? Is it something we should do something about, or have some of the efforts at cooperation borne fruit and that it is now behind us?

Governor MARTINEZ. I think, at least in our State because of the long history of special task forces in south Florida and the need to cooperate that has existed there for many years, that I would tend to think that perhaps in our State it may be at a lesser degree than it may be elsewhere. And I cannot speak for any other state in terms of cooperation.

Chairman GLENN. Less problem or more problem?

Governor MARTINEZ. Less problem. Don't get me wrong. Even among our own State agencies from time to time there could be some jurisdictional conflicts. So when you add Federal to it you can have that. But I am generally very pleased with the level of cooperation between Federal and State agencies. They probably learned it the hard way over many years of having to cooperate, and it didn't come over night.

So I think in States that are emerging with a drug problem that there will probably be some pain and suffering unless somebody can improve the slope of learning there, because that is the first encounter you will find. And again, Florida over its many years of having to work together, probably is at a minimum, and I don't know that you will eliminate every element of it, but I do believe it is way down to what it was. And before I was governor I was Mayor of Tampa where we were, obviously, involved with the same difficult issue, and I find it to be a lot better today than it was 10 years ago when I first started.

Chairman GLENN. Governor Celeste, this area is one that we at the Federal level have particular responsibility for. What is the level of cooperation as you have observed?

Governor CELESTE. In my conversations, for example, with our Attorney General, who is more directly involved in it on a day-to-day basis, I think that he would say that Federal cooperation among Federal agencies has improved discernibly in say the past 5 years or so. I think this is probably the result of two things, simply the need to be—the fact that they are placed in a circumstance where they are working together on cooperative efforts, a task force or whatever the configuration may be. I think, second, the high level mandate, particularly in the last year with the President's stated interest, that that has had a real impact on their cooperative spirit.

Chairman GLENN. One of the items what will be expensive in the program, is more prisons to put people in.

Are there any other approaches than just building great big stone-walled prisons and permanent structures and things that are

very expensive? And we don't want to treat people inhumanely, either, but on the other hand, I spent a good chunk of my life living in quonset huts, too, and I didn't come out all the worse for it.

Is there any other way we can approach this thing other than all the expense of going to great big new expensive prisons?

Governor MARTINEZ. The State of Florida has been under a Federal Court mandate for some 18 years. I guess if you could pass a law somewhere that would tell the Federal courts not to manage the State systems, that would help us, but I know that probably is not a likely thing to occur. We had tents, we were told you cannot use them.

We also were told you cannot house so many prisoners per square foot, so we lost space there as well. So in essence, we went through a period of decline of available space because of court order, and I am now, I think, into my 18 thousandth bed in the last 3 years, so it is a massive problem.

What we have tried—and some judges accept, others don't—is the electronic monitoring where you do your sentencing at home or wherever you live, and this would be, obviously, for the nonviolent offender, someone who may have sold drugs, was not violent and wasn't armed or whatever and the judge may sentence him to something like that.

We have got some of that in place now, but it has been hard to get more appropriations. There is some concern that at times the monitoring device may not work as stated. That certainly is one. In some cases, community service. Again, it depends on who it is that gets sentenced. Supervised release is another thing that we used, so there are different alternatives for it. But even so, the volume has just gotten so great that everything gets stressed.

Chairman GLENN. Governor Celeste, any novel approaches?

Governor CELESTE. Mr. Chairman, I don't know about novel approaches, but clearly I have appointed the second task force on overcrowding that I have appointed in 7 years as Governor. The first task force recommended community alternatives. We have developed community alternatives. I think probably 2,000 offenders were diverted out of the prison system into some kind of close supervised operation or combination of community service.

I believe that it would be helpful to have an incentive in the system in the way that funds are distributed to support an exploration of alternatives that will work, particularly with non-violent and non-chronic offenders. I think this is also going to be even more urgent if we get into sort of recriminalizing certain things, like smoking of marijuana. I mean, if we are going to try to incarcerate everyone, there is no way we will be able to build prisons fast enough.

Chairman GLENN. I don't think we can afford all the great big brick and mortar fancy buildings if we are going to put the number of people in that the Administration and all of us want to see incarcerated. Cheaper structures of some kind might get us by that one.

Senator Kohl?

Senator KOHL. Thank you, Mr. Chairman. I am still puzzled. I would like to continue a little bit further with what we were talking about before.

A big war on drugs, tremendous problem, everybody in this country concerned, at the top of the list of all the polls about things with which people are most concerned, the President declares war on drugs, and then underfunds it. We all underfund it, whether we are at the Federal level, State level, whatever.

And Governor Celeste, why? I still don't—I mean, we collectively make the decisions on how we are going to spend funds in this country. We allocate them where we see the most need. You know, we do that, that is why we are elected, whether it is at the State level or at the Federal level, and that is one of the primary things that we are responsible for allocation of resources.

Why are we, by everybody's common consent, underfunding the most serious problem that we have domestically in this country? Because I don't think we can do the job until we understand what motivates us. What is going on here?

Governor CELESTE. Mr. Chairman, Senator Kohl, at the risk of becoming philosophical, I would suggest we are an addictive society, that we have grown used to tolerating a variety of addictions, treating them as perhaps objectionable but certainly not illegal. We find it very hard to address these forthrightly and to devise programs that are helpful. And frankly, I think that in some respects drugs are a symptom of a more profound disease.

Let me take a step back to the issue of drug education, on which I agree very much with my colleague, Governor Martinez. But the real issue is education, itself.

Yesterday I was at a Head Start site in Toledo, Ohio where the teacher described how a 3-year-old used terminology about drug paraphernalia that this teacher did not understand. And there is an irony about drug education, because those for whom it is probably most needed in a sense are also the most sophisticated about drugs. They need a different kind of education.

So the question is, when we think about a war on drugs are we thinking about it in narrow terms, we need to stop illegal drugs, we need to have drug education, or are we seeing it as part of a larger pattern. There are many kinds of drugs widely used and abused in our society.

We have not determined how to address that abuse in many settings and to really tackle this is intimidating because it forces us to look at this larger picture. It forces us to deal with the larger picture, it seems to me.

Senator KOHL. Let me just see if I cannot pick up on something you talked about. The target of the crack dealer you said is often pregnant, young, and black.

Why isn't she pregnant, young and white?

Governor CELESTE. She may be. If she is, she probably is getting treatment in a private facility some place, or she comes into the hospital and doesn't acknowledge that she has a cocaine habit, and unless the baby shows typical behavior and unless the nurses in this hospital are used to seeing crack babies, she may leave and never be diagnosed.

One of the reasons why I am skeptical of a lot of the data I see is I don't think we get the full story from that data. But what concerns me is that I think there is a deliberate marketing strategy to erode the role that women play in the black community. They have been a source of strength in that community and I really believe there are people dealing on the street today trying to undermine the elements of stability in that community which is now often matriarchal, and I think it is a sinister approach.

Senator KOHL. But we said she is often young and she is pregnant and she is black, for whatever reasons. And we know that much of the drug problem in this country is concentrated in our inner cities, which are populated to an extent by minorities.

Governor CELESTE. Excuse me, Senator, much of our illegal drug.

Senator KOHL. Yes. Do you think there is any connection between the level of funding for the drug war in this country and its demographic characteristics?

Governor CELESTE. I think that may be. The thought had not occurred to me. I don't think that's it primarily. I think it is a reluctance to address where drugs really strike home. That is much closer to every one of us than we want to acknowledge.

Governor MARTINEZ. I think you are hitting upon something here. The war really is one of establishing value, personal values in terms of what you accept and you don't accept. Almost any survey you look at, whether you are looking at smoking surveys, alcohol consumption, health foods, drugs, the more literate the population, the middle class or higher, the more the information seems to be readily accepted, available, and an impact occurs.

So this is no different than these other issues. And the strategy, whatever dollars there are, to make them work most must be targeted to the areas that we already know beforehand that education and prevention will be most difficult, because it has proven the same on other issues.

And yet we are making gains in so many of these areas having to do with well-being, but have not really been able to get into these areas of low-income communities, minority communities, disadvantaged communities, and that is what we have to solve if in fact we are going to get to the core of this issue. The education programs by and large I think are working well if you take the population as a whole, but we have some serious problems, as the governor indicated, in these pockets.

In Florida alone we expect to have 10,000 cocaine babies in 1989. If each one of those babies stays under State care for 2 years—and sometimes they have to, including the mother—that's $56,000. So that is why I am saying that, you know, we are talking about how much money and how it is being distributed, but it is almost like we are looking at it as a per capita expenditure, and I think it needs to be programmatic to attack the heart of the issue.

That is why I formed the committee, because I knew I wasn't getting to this core in Florida. We could see the numbers dropping State-wide in terms of use of drugs, but we saw it still going in the inner cities, so we have got to develop a strategy to get there. And until that is done, it is hard to throw money when in fact money hasn't done it. We have spent money.

I mean, if you look at State budgets and local budgets, I mean, it is almost like a rocket in terms of what law enforcement and all related activities have gone up against total budget, and yet crime has gone faster and drug abuse has gone faster. So that money is needed, Senator, I am not going to say we do not need it, but obviously we need more than that. And I think that is that personal commitment of yours and mine and everybody else's, and really, how do we get to this core that doesn't get the message on most things, and on this one it is just death if we don't get it.

Chairman GLENN. Senator Wilson.

Senator WILSON. Governor Martinez, I couldn't agree more with the comment that you made about the preventive approach. It is far more cost effective, it is far more humane because it is far more likely of success. And in that respect, if we are talking about how do you best allocate funds which perhaps can never be sufficient, I think it is education and a very early education and repeated education.

We have had some very good programs—Mayor Bradley may be commenting on them in his testimony—the DARE program, the SANE program. But obviously, it hasn't worked for everybody and we do have the phenomenon that you just described with your statement that you are expecting 10,000 crack babies in Florida next year.

Did I understand you to say that you think that the 2 year cost for the care of those children will come to $56,000?

Governor MARTINEZ. If they are under State care, the baby and, of course, you have to get a foster parent while you are trying to work with the mother to get her off of it, if it is possible. So when you add foster care, the medical care of that baby, which is obviously a medically complex child, and then working with the mother, herself, you add all that together, it can come up to $56,000.

Senator WILSON. I marvel that you are able to do it for that amount of money, because I have been gathering costs from around the country and the neonatal intensive care of the so-called boarder babies of the kind that Governor Celeste was describing, those who are abandoned by their mothers after birth, just left in the hospital, has resulted in costs that greatly exceed that.

So I congratulate you on your good management in being able to hold down those costs. I might say that recently visiting the UCLA Harbor Hospital in Los Angeles, a very impressive young woman, Dr. Fonicura, who is the chief of obstetrics and gynecology there, told me that the progression in Los Angeles County in terms of the birth of addicted babies is almost a logarithmic progression and that she is expecting that sometime by 1991 or 1992 Los Angeles County alone may have 10,000.

So when you speak of prevention, I think there is a necessity not only to engage in the kind of intensive education that you are talking about—and it is an education that if successful will instill values which will be the best weapon, the best defense against drug use—but we do have this phenomenon of these young women who are addicted. And in another clinic in Los Angeles, the Martin Luther King Clinic, on average the mothers that they are treating have produced two addicted children. And I am sure all of you read

the Wall Street Journal article about 1 month ago, the lead article that detailed the history of Cheryl, who had had seven.

So when we speak of prevention, we have got to do something about these young women who are addicted themselves, who do not have the strength—and we have had eloquent testimony from users here who did not have the strength to come in voluntarily either early enough in their pregnancy to seek treatment and get cleaned up, or to come in at all. And Governor Celeste's comment is absolutely correct, the street wisdom is that use crack and it will induce labor, or in the alternative, some think it will cause a spontaneous abortion.

The fact of the matter is, I think that in a preventive way we have got to spend a great deal of money to avoid spending far more and in order to avert a far greater tragedy with a program of mandatory rehabilitation of these women, and for that reason as we are allocating funds, I will again use the phrase "triage."

I think we are compelled to give first priority to the rehabilitation of child bearing women to see that they don't produce more addictive children who face a life of diminished capacities and everything from mental retardation to physical deformity to the kind of emotional dysfunction that makes it impossible for them to learn or to retain.

Governor CELESTE. Mr. Chairman, Senator Wilson, if I might offer two observations on that. One is, I think I can understand the desire to get to the point of mandating rehabilitation, but we now have waiting lists of women who are pregnant who want treatment and can't get it, so we need to provide that.

Senator WILSON. No question. There is more than a little irony there, I quite agree with you.

Governor CELESTE. And secondly, if I were to pick the education program that I think is the best prevention, it is Head Start. It is a program that reaches youngsters early, at age 3 and 4. It teaches them values and self esteem. It engages their parents—usually their mothers—in a constructive way. And one of the real tragedies in our country is that we will come up with some additional funding for drug education for youngsters when they are 5 and 6 and 7 years old, but here we have a program which focuses on kids at risk, it focuses right on kids at risk, it is sensitive to the special needs that children will have, it provides health support as well, and only 20 percent of the kids who are eligible participate. And I would suggest that one of the best investments we could make in early intervention would be to fully fund the Head Start program. It really would make a difference.

Senator WILSON. Thank you.

Chairman GLENN. Senator Cohen.

Senator COHEN. Just a couple of quick questions, Mr. Chairman.

Governor Celeste, you seemed to indicate that there was something of a sinister plan to destroy the last leg of stability within the black community, and I was curious about who do you think is engaged in this plot?

Governor CELESTE. Mr. Chairman, Senator Cohen, my views are those of several of the people working in drug prevention and treatment programs in communities around Ohio who feel that drug traffickers have specifically targeted for their sales efforts

free samples—it is done just like other products in this country, free samples and so on—have targeted women in the black community, and particularly targeted pregnant women as vulnerable, because here is a drug that can do something for them, if they don't want to be pregnant they can say it will help you to abort, and if they want to deliver early, it will help induce labor and make it less painful.

So I think that it is a strategy of drug dealers that is being used in communities across the country.

Senator COHEN. That may be one from a merchandising point of view. You had other overtones, however, and that was whether there was a deliberate plot on the part of some to destroy whatever vestige remains of a family structure within the black community. That may be its effect, but you were suggesting that there was, I think you used the word "sinister"——

Governor CELESTE. Well, I think it is sinister when a drug dealer sets himself up in a neighborhood or in the housing projects and specifically sets about trying to push that drug on people who tend to be the backbone of the community. Frequently in those cases where you have single heads of households, it is the women who get together to shape community values, who try to keep things going, and that is not to say this is not a problem that affects young men in those neighborhoods, it affects them badly.

Senator COHEN. Let me be more specific. Is it racial in nature, is it black against black or white against black?

Governor CELESTE. Well, I think in these cases most of the dealers are black and it is black against black. It is simply to succeed in business you want as little sales resistance as possible. Who is resisting your sales? It is probably some combination of the preacher in church and the women of the neighborhood. So you are trying to discredit the one or all.

Senator COHEN. I think everyone on the Committee would agree with the testimony that there is too little money involved in waging a major war against drugs, but the major criticism that I have heard is that there is too much emphasis on law enforcement. While everyone recognizes that ultimately we are never going to deal with it through law enforcement, initially we have to try and stop the flow of drugs, the volume of drugs that are available.

Second, it seems to me that we have to disrupt not only the supply, but to stigmatize the sellers and the users. That is part of the law enforcement aspect, isn't it?

In other words, we have got to put a stamp of disapproval on those who are using drugs, and that is part of law enforcement as well. It is never going to deal with the problem effectively, but you have got to start somewhere. One way to do it is to reduce the flow. We can't stop the flow. It is silly even to talk about eliminating the flow. Assuming we were successful in waging war effectively on the Colombian cartels, we have got a problem with the synthetic drugs now, with "ice," as it has been labeled.

But looking at it from the law enforcement point of view, is there not educational value in that as well? You are educating those within the community that you are going to be apprehended, you are going to be prosecuted, you are going to be incarcerated if necessary? That has education value as well, does it not?

Governor CELESTE. Mr. Chairman, Senator Cohen, I would certainly agree. I think that the challenge there is not to be hypocritical in how we enforce the law. In other words, in these neighborhoods where they have tried to shut down a bar that sells after hours for years and the bar seems to continue to operate, they are saying come on, I mean, whose ox is being gored. And this is one of the reasons why I feel that it is—we may be reluctant to fight an all out war, but the reality is that a substantial amount of the addiction even in inner city neighborhoods is coming from sources that aren't over there, it is sources close to home. It is a pharmacist who is well known for being able to make the pills readily available.

And so I think if we are serious about this—and I believe we should be—we should stigmatize all of those who are taking advantage of addictions or promoting addictions in the neighborhood, in the community. And we should be very tough on those traffickers, including pharmacists who sell illegally, including those who are operating after-hours joints that have made neighborhoods dangerous for a long, long time.

Governor MARTINEZ. Senator, on two points on the disruption in Colombia. At least in Florida, the supply of cocaine has somewhat gotten difficult. The price per kilo has gone up some $500 or $600, I believe. So that it has had an impact because of the massive disruption that has occurred in Colombia. So I guess good disruption has a street impact, without any doubt.

One of the things we have tried to do to show to the community that there is a price to be paid and not at all times do you drive around with a flashy car and a lot of gold chains, is that many cities and counties in Florida have programs to knock down crack houses. And they condemn the property and they go in and knock them down. The State now has prison crews that will provide the labor at no cost to them, and these are people who have been convicted of using drugs or selling drugs—selling drugs, basically, not using—selling drugs, and they are sent back into that community to assist in knocking down that crack house so the people will see that not everybody drives around with a flashy car and has gold chains, that some do end up behind bars or back in the neighborhood to knock down a crack house.

So there is some symbolism there, but it also a message to those who live in that community that there is a price to be paid if caught.

Senator COHEN. Thank you very much.

Chairman GLENN. Thank you, Senator Cohen. We are going to have to move on shortly, but just to comment on your comment about us being part of an addictive society, a bigger philosophical question than we are here to address this morning. But this Committee has tried to deal with some of that in the past, as I think you are aware.

We have a major drug problem and all of us right here, I know, want to hit it every way we can, whether it is at the source or interdiction or treatment and prevention, and education in particular. But we also have had hearings and gone into things where the figures are that tobacco causes about 450,000 deaths a year, alcohol

at least 100,000, 24,000 alcohol-related deaths on the highways every year.

So that we have a comparison there, we had a 10 year Vietnam war that got to be so abhorrent to the American people we turned it off finally, and yet the casualties out of all 10 years of that war were about 57,000. We equal that every 2½ years just in alcohol-related deaths on our highways.

And yet, you try and bring up restrictions on tobacco, restrictions on alcohol, on which we have had a number of hearings in this very room, and you bring down a political firestorm on your head around Washington that you wouldn't believe.

So these are all areas that we plan to get into, although they are not primarily the thing that we are addressing this morning.

Gentlemen, we appreciate very, very much your being with us this morning. It has been very interesting. We might have other members who might wish to address questions to you. We might have a list of those. We would appreciate your response so that it could be included as part of the record. Thank you for being here.

Our next panel is the Honorable Tom Bradley, Mayor of the City of Los Angeles, California, the Honorable Pam Plumb, Councilor, City of Portland, Maine, and the Honorable Jim Moran, Mayor of the City of Alexandria, Virginia.

We appreciate you being with us this morning. If you would take your place at the table there, we would appreciate it.

Mayor Bradley, we appreciate your making the trip to be with us here today and to give testimony on this problem that I know you are addressing every day in your capacity as Mayor of the City of Los Angeles, and if you would lead off with your statement or an abridged version thereof, we would appreciate it. In either event, your entire statement will be included in the record.

TESTIMONY OF TOM BRADLEY, MAYOR, LOS ANGELES, CA

Mayor Bradley. Mr. Chairman, members of the Committee, thank you very much for the opportunity for those of us who represent the cities of this Nation to offer our testimony.

My remarks will be followed by Councilor Pamela Plumb of Portland, Maine. Each of us has served as past presidents of the National League of Cities, Pam having served just in the past year. We believe that we represent not only our cities but we speak on behalf of the leaders of the cities across this Nation.

As you have said, in a way I come today from the front lines of this war against drugs. Each and every day in my city, and in Southern California in particular, brave police officers lay their lives on the line in this war against drugs. Our constituents, the families from these communities that are affected, also take up their battle stations against drugs. What really matters to the foot soldiers in this war is how many reinforcements will arrive and how soon will they come?

I am pleased that a comprehensive anti-drug war has now been proposed. The President's national drug control strategy is a step forward in this process, and I believe that we will prevail only if we all work together against the forces that would poison our children and our future.

At a time when $160 billion to, I have heard the figure $300 billion, has been spent or will be spent to bail out the savings and loan industry, we are asking are we willing to spend a few billion dollars to provide treatment on demand to every drug addicted American? At a time when billions are to be spent on weapons of sometimes questionable merit, are we willing to spend just a fraction of that to educate our children against the evil forces that would destroy this Nation from within.

Southern California is doing everything within our means to combat gangs and drugs. Los Angeles now has the largest police force that it has ever had in its history. To give you some idea of the contrast between our commitment and what is being done at other levels, 500 of those 8,400 officers are assigned as narcotic detectives. If you contrast that with the only 2,900 drug enforcement agencies across the world, you can see that we are making a considerable commitment with our limited resources.

The LA Police Department has an innovative task force which goes into the schools of our city under a program that we call DARE. They seek to educate the young people, to sensitize them to the dangers of drugs, to help them resist the temptation or the pressure of their peers to toy with, play with, or to use drugs in the first place.

We have a task force that has focused on anti-gang and anti-drug activity, and over the last 18 months that task force has been very effective in its work. They have made over 20,000 arrests in the last 18 months, and 97 percent of those that have been arrested and their cases have reached trial have resulted in conviction. So you can see they are doing a pretty effective job.

But even our best local efforts cannot succeed without help. Over 3 years ago then Vice President Bush proved as much when he took the drug task force into Southern Florida and did a pretty good job of chasing out the major traffickers and interdicted much of the drugs flowing into Florida. We in Los Angeles and in Southern California have now been faced with the problem that much of that activity once focused on Southern Florida is now focused on Southern California. We know that Federal help can make a difference, and nowhere would this be more decisive than in Southern California.

The unprecedented flow of drugs into our region has transformed traditional gangs into hugely profitable, heavily armed organized crime cartels. Yet despite this hard fact, Southern California continues to get the short end of the stick in this struggle for more Federal law enforcement resources.

For example, the Drug Enforcement Administration office in Los Angeles covers Central California, Guam, Nevada and Hawaii. It has only 169 special agents in that office. In contrast, the Miami DEA office has 341 agents. In New York City alone they have 301 such agents. But when Southern California asked for more help in this regard, President Reagan sent us just eight, just eight additional drug enforcement agents.

At a time when Southern California has become the major drug transshipment center in the Nation, that is a pittance. In 1980 the LAPD seized only 359 pounds of cocaine. In 1988 Los Angeles law enforcement officials seized 15 tons of the drug. Just yesterday

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news reported that in one arrest alone 270 pounds of cocaine was seized in the bed of a pickup truck.

In Southern California we have arrested over 90,000 people on drug charges and seized more than $100 million in cash. That is illicit cash. Last year more drug cash was seized in Los Angeles than in Miami. Over 40 percent of the cocaine and 50 percent of the heroin entering the United States passes through Los Angeles. Southern California needs more help.

We need more experienced Federal investigators and prosecutors to tag the leaders of criminal gangs with RICO and conspiracy convictions. Quicker Federal turnaround of the millions in assets seized by our local law enforcement agencies would help greatly. And if the Federal bureaucracy cannot speed up the process, and now we are running 1½ years behind from the time we seize this cash or these properties to the time when we ultimately get it, we believe that it ought to be speeded up.

I am proposing we allow the individual United States Attorneys to disburse seized assets on a regional or local basis and thereby cut the delay in the return of that kind of resource to help build our law enforcement agencies. We need improved intelligence on drug traffickers. The FBI is considering a centralized automated system to monitor the movement of street gangs throughout the country. This system would be a great aid in bringing RICO and interstate drug transportation prosecutions, and I urge its speedy implementation.

We need better controls to ensure that local Government receives their fair share of Federal anti-drug money. And of all the things I will say to you today, I can't think of any item that is more important than that. We, by sending the money in block grants through the States, we as representatives of our cities are getting only a minor portion of what we ought to receive, and we are suffering from long delays in that money being delivered to us. As you all know, different States have different times when their legislatures meet, different times when they can enact appropriate legislation to take care of the various requirements so that that money can flow. And then the administrative procedure written into the law, 10 percent minimum must go to the State for administration of the distribution of those funds. That is a terrible drain on the money that ought to go to local jurisdictions who have to hire the local Law enforcement officers, who have to fund the local community based programs, whether it is dealing with education or with rehabilitation.

Los Angeles receives less than 6 percent of the Federal anti-drug grants allocated to California. This in face of the fact that our police arrest 20 percent of all drug offenders in the whole State. And even though cocaine seized by LAPD accounts for 82 percent of the cocaine seized in the entire State of California and 22 percent of the cocaine confiscated nationally.

Cities simply do not receive their fair share of Federal grants when those grants are first passed through the States. So we plead with the Senate and the House to take into account this particular appeal on behalf of all of the representatives of cities across this Nation. We ask that you send these funds directly to local Government to be used by local police.

I have a couple of surveys that cover some of these points and I am going to ask that they be submitted into the record.

Chairman GLENN. Without objection, they will be included.

Mayor BRADLEY. Thank you. These are surveys taken of the various cities across the Nation and I think it is revealing to see the information contained there.[1]

Next, there must be a recognition that the drug war must be won on all fronts. Now, we hope that you don't force us on the front lines of this fight to make a "Sophie's Choice" between law enforcement efforts and drug treatment and rehabilitation programs. All of them are important, and the most heartening thing to come out of President Bush's program is that there appears to be a focus on a comprehensive attack on this war, and I think that that means that every element of it must be considered important.

I visited three community centers just 2 days ago, one a senior citizens center, one a community based organization, and third, a Korean Youth Center. And I am sure that this Committee, as well as the people in our city, would be surprised to know that the Korean community, which has an image of law abiding citizens living there, would not be subjected to the same kinds of pressures nor would their young people be subjected to drug use and drug abuse as they are.

But this is a program which now has 200 clients, a modest budget of $600,000 a year, most of it raised from the community, no money from the Federal Government for drug rehabilitation. I asked them what kind of a message they would like to send to this Committee. I told them I was coming here to testify. And they indicated to me that they would like to have this Committee understand that one of the most important elements of this fight against drugs is the rehabilitation program. Those young people, once having made the mistake of getting into the use of drugs or abuse of drugs, have to have some hope that they can recover, that they can put their lives together again. And a rehabilitation program such as I have just mentioned is one of the important facets of this program. Some of our programs were actually cut last year, this one had not received any money. We want this Committee to take note of that.

Leadership in educating our children against the evils of drugs and gangs is another important element, and I think Los Angeles has recognized this and has been putting on what I think are the most successful DARE programs this country has seen. Fifty thousand classrooms throughout the Nation now use the DARE program; 3 million students have been reached. Every State should be given incentives to begin effective anti-drug education programs.

Going beyond that, I started a program in Los Angeles that we call "LA's Best." It is an after-school education and child care program where we keep the kids in school after their regular classes are over. We give them individualized attention from the teachers and we get community people to come in and help them so that they learn their basic skills. They learn social adjustment. We

[1] See p. 137.

bring in tutors from the high schools to help them with their class work.

These young people have been transformed where these programs are in effect, and we believe that we are going to have to begin now to reach these youngsters at the earliest levels of their educational process. If they fail by the time they are in the third grade, there is no hope for them for the rest of their lives. If we cannot reach them at that point, you can count them off into that army of drug users and drug abusers. And so I think that we have got to take this into account as we build a program to deal with the comprehensive elements of drug abuse and the drug war.

There should be, in my judgment, a total ban throughout the country on the sale and possession of semiautomatic weapons. The sad fact is that the LAPD is now outgunned by drug gangs. There is only one solution. The President and the Congress must stand up to the special interests and ban forever the sale and possession of these semiautomatic weapons. We in Los Angeles took that action.

Waging a real war would cost real money. We can find the money if we establish new priorities. We must not allow the next generation, stricken by drugs, to look back and wonder why we spent billions in bailout and on bombers, and so very much less on treatment, police, education and prosecutors. Southern California is committed to winning the war on drugs and gangs and we will devote all of our resources at our disposal in this battle.

But we also need a Federal commitment that is equal to the great task at hand. We need the resolve to do what all of us know we must do. If the President and the Congress, if the States and the cities, dedicate the resources to match the strength of our rhetoric, I am confident we can protect our next generation from the scourge of gangs and drugs.

Thank you very much, Mr. Chairman.

Chairman GLENN. Thank you, Mayor Bradley.

For our next witness I would recognize Senator Cohen.

Senator COHEN. If I could just say a few words, Mr. Chairman. I have to leave for another meeting, but I want to take this opportunity to welcome Pam Plumb. She is not only a truly outstanding City Councilor, but a former mayor of our largest city in the State of Maine.

She has a very, I think, straightforward statement. She doesn't use "Sophie's Choice" but she uses the phrase "No shell games." Let's not play any shell games. I couldn't agree with her more that it makes absolutely no sense for us to be undercutting the very programs that may help prevent people and children from getting hooked on drugs in the name of waging war.

I also want to add one other thing. There should be no political games—no shell games and no political games. I think what is taking place today is neither attractive, or in our best interest. The Republicans do not have a final blueprint or panacea for an effective war on drugs, nor do the Democrats. It doesn't make any difference to the American people who is going to get the credit or claim the credit. I think they are going to blame all of us if we don't do something to deal effectively with it. To witness what is going on, whether it is the Bush plan or the Byrd plan, to me is absurd.

That doesn't apply to this Committee. I might say that we have worked together in the years that I have been in Congress to avoid those kinds of things. But I must tell you, we have to insist on no political games either. No shell games, no political games, no Sophie's Choices. Hopefully, as a result of your testimony, Mayor Bradley and Pam, we can help fashion a program that doesn't cut along party lines or political lines, but makes sense to the American people.

I express my regrets to Mr. Moran that I will not be here to hear your testimony.

Thank you very much.

Chairman GLENN. Thank you.

Senator Wilson has to go to another meeting. He wants to ask a couple of questions before we have your testimony, Ms. Plumb. I am sorry we have other responsibilities here this morning, but we will go ahead and entertain his questions.

Senator WILSON. Thank you, Mr. Chairman, and I apologize. As my old friend Mayor Bradley knows, I have a special affection for mayors and a special sympathy for their problems.

I have the testimony from Mr. Moran and will read Ms. Plumb's comments as well. I suspect that they will probably echo what we have heard from Mayor Bradley, though the situation in Portland and in Alexandria may be both qualitatively and quantitatively different, but I suspect there will be a great deal of common ground.

The fact of the matter is—I think Bill Cohen put it correctly—what I have heard this morning is encouraging in that I think there is a realization that there is plenty of blame to go around, that we have in fact been as a society late in coming to grips with the problem and all of its manifestations, and some of us have been at it for a long time. But the fact of the matter is you do have to do everything. You can't stop interdicting, you can't ignore the necessity to do a good deal more in the preventive education program of which Mayor Bradley is justifiably proud, the DARE program, which I think, interestingly enough, is in large measure the handiwork of the Los Angeles Police Department, of which he is also quite proud and equally justifiably.

This kind of thing I think simply indicates that you do have to engage on all fronts, and I have already made comments to the panel of governors that make clear my own concern that in addition to the other things that we have to do, the rehabilitation money that we spend needs to be targeted to the particular population where it seems to me there is the greatest danger. And it is not that I am in any way unsympathetic to 18-, 19-year-old males who have been engaged in drug use. To the contrary, I think that we ought to try to rehabilitate them. But I think there is a special urgency about the young women of childbearing age.

Let me just ask a question to Mayor Bradley, not just in his capacity as Mayor of Los Angeles, but he is a past president of the League of Cities nationally, the national league.

Mr. Mayor, in terms of not only what Los Angeles does but insofar as your knowledge of other cities permits you to answer this, where have the cities themselves spent most of their drug money, apart from law enforcement? There is no question that your city, virtually every city, spends far more than they would by a factor

probably double, if you compare it with what they had to 10 years ago, and it is drug related. But apart from the law enforcement, the police activity, where do cities—and for that matter, counties, because given the structure that we have in California the counties are more involved as a health agency—but where has most of the money at the local level been spent, apart from the actual law enforcement?

Mayor BRADLEY. Well, to dramatically indicate the amount of money that we commit to law enforcement, I have indicated over 40 percent of our whole budget is spent for the police department. But there are many programs, they range all the way from economic development programs that create jobs, that provide for job training. We provide for, in the housing projects, every inducement to encourage young mothers to be able to go out and get a job by providing child care. We give them counseling services, we have youth programs that are designed to provide everything from recreation to jobs for them. We have a special program we call "Clean and Green." They clean those areas of the city, streets, sidewalks, vacant lots, that otherwise would become a blight on the neighborhood. They do an excellent job in that regard and it is after school work for them. It gives them a little additional money to help them with their expenses and it gives them something constructive to do. We try to build in them a sense of self-esteem that would strengthen them against the temptation of gangs and drugs.

We think that that is absolutely critical. These are only some among the many things that we spend our resources on, and most of it without help from the Federal Government.

Senator WILSON. Working with Chief Gates, with now Judge Bonner, the former U.S. Attorney there, let me just say, Mr. Chairman, that the comment that the mayor has made about the shift in activity from South Florida to the southwestern United States I think is undisputed. There has been a very good job done by the Federal Government, and very good cooperation between different Federal and local law enforcement agencies, both in the southeast and in the southwest, and I think it is markedly improved in recent years. Part of that has been asset, the equitable sharing program, the asset forfeiture, as well as the factors mentioned by Governor Celeste.

But there is need, because Los Angeles by virtue of its position, its geographic position, by virtue of the fact that it is, itself, a huge market, has become a point not just of consumption but of transshipment. And the advent of crack has brought about a new era. It has brought the gangs that did not exist—there were gangs but certainly not on the scale and not organized as they are. You talk about entrepreneurship, this is an unhappy example of it. And what has happened, according to national law enforcement agencies, the FBI specifically, is that every city between Honolulu and Nome on the west and New York and Washington on the east has been colonized by these gangs from Los Angeles. And when the mayor makes a plea for additional personnel, both DEA agents, just prosecutors alone, an additional 8 prosecutors would have permitted the U.S. Attorney there to bring cases that he could not prosecute for lack of manpower.

And we are dealing, I think to put it in metaphorical terms, with an octopus. The head is at Los Angeles and it does not make sense to attack that at the end of the tentacles. If you are going to try and really do something, you ought to attack it at the head, and there is a long history. His plea this morning is only the most recent, and I might say it has been bipartisan and at the local and at the Federal level, and at state level. So there is need.

When we passed the 1988 drug law, it contained criteria for the designation of high intensity drug areas. I will tell you, having worked on that language, that we crafted the criteria to respond to the situation that exists in Los Angeles. It is the prime example, and that is a distinction that we don't want.

Mr. Mayor, it is good to see you, and I ask the other panelists to forgive me, and Mr. Chairman I thank you for your courtesy and I will excuse myself.

Chairman GLENN. Thank you, Senator Wilson. We do have to move along and get the other testimony. We appreciate your being here this morning.

Senator Levin says he has a single question he would like to ask here of Mayor Bradley. He has to go back to another hearing also. We hate to delay this one more time, but briefly.

Senator LEVIN. This will be a brief delay, and I appreciate very much your usual courtesy, Mr. Chairman, and I also regret that I cannot be here for the other testimony.

One of the areas of my interest has been the shortfall in treatment slots for people who are willing to have drug treatment. In a number of our cities and communities across the country we are short of treatment slots. We have long waiting lists, and I am wondering whether Mayor Bradley would tell us whether or not that is the situation in Los Angeles?

Mayor BRADLEY. It certainly is Senator, and I mentioned this Korean Youth Center only because it was such a recent experience for me, but there are many other rehabilitation and treatment centers in Los Angeles that have had to cut back, that have had to have long waiting lists of people who need and want to voluntarily participate in these programs.

The funds simply aren't there, and I think that if we overlook this element of this whole war, we are going to lose a major opportunity to do something about a very serious part of it.

Senator LEVIN. Thank you, Mayor. Thank you, Mr. Chairman.

Chairman GLENN. Would you two like to address that same thing? How about treatment in your jurisdictions? I know you haven't given your testimony yet, but Ms. Plumb would you address that? Is that a problem?

Ms. PLUMB. The scale is different, the comment is the same. We are a much smaller community but we are very limited in our treatment resources and we cannot begin to treat all the people who need treatment.

Chairman GLENN. Mayor Moran.

Mayor MORAN. Senator, we spend more on treatment on a per capita basis than any jurisdiction in the Commonwealth of Virginia. We will run out of our treatment funds in February of this year and we are on the same fiscal year as the Federal Government. At any given time we have approximately 100 citizens that are wait-

ing for treatment, and when we have to turn them away it is very difficult to find them again. So we are coming in nowhere close to being able to provide treatment to those who want it, never mind those who need it.

Senator LEVIN. Mr. Chairman, I thank you. It would be very helpful, I think, if the National League of Cities would prepare, if they haven't already, a comprehensive list of cities across the country and what their situation is in terms of the shortfall of drug treatment slots. We talk about a war or drugs. We don't even have enough treatment slots for people who are willing to undergo treatment. Instead some may be out there robbing and burglarizing us. So if the League of Cities has not already done that, a comprehensive or a cross-sectional view of communities as to the availability of drug treatment and the shortfall in that area would be very helpful to us in our efforts to get adequacy in the number of treatment slots.

Ms. PLUMB. Fine. If our most recent survey has not covered that adequately, we will see to it that we do that for you.

Chairman GLENN. Good.

Senator LEVIN. Thank you, Mr. Chairman.

Chairman GLENN. Thank you.

Ms. Plumb, would you proceed with your statement.

TESTIMONY OF PAM PLUMB, COUNCILOR, PORTLAND, ME

Ms. PLUMB. Thank you very much. I appreciate your attention.

You have my formal testimony before you. I will submit that to the record,[1] I will not read that to you.

Chairman GLENN. Your entire statement will be included in the record.

Ms. PLUMB. I appreciate your including that in the record.

What I would like to do just briefly is to bring you two types of perspectives, one from our community, which is much smaller than the communities that you have been discussing, Los Angeles for sure. Whether it is Detroit or whether it is San Diego, we are a very different scale of community, but the issues remain very similar.

Before I begin, I would particularly like to thank the Chairman for his interest and support for the resolution for national Cities Fight Back week, which will be coming up in December. I will be introducing a similar local resolution in my city council, as will city councilors across the country. We are committed as communities to being an active and aggressive part of this war. We are deep into it in the front lines in any case already anyway.

What I would like to do very briefly is to give you these two different pieces of perspective. First, ours is a small city, we are 65,000 people, but we are very much like lots of American cities all across this country. We are not faced with the daily shootouts in our Public Housing Authority housing, we are not faced with the kinds of drug wars that beleaguer the large American inner cities, but we are frightened. We are frightened, nonetheless, by the

[1] See p. 65.

changes that we see right at home in our own local small communities.

We see entrance of drugs in a large way, which we had not had previously in our community. Cocaine, its change in use in our community, heroin which, believe it or not, is a new entrant in our community and very frightening to us, and crack, which makes it more available and through a broader spectrum of incomes in our community.

We have also seen—our police department has seen in particular—the change from what our police department calls, for better or for worse, the local entrepreneur who was supplying drugs in the community to well-armed, tightly organized extension of international groups. We have never had that before in our community and we have made two major breakthroughs in our community in this year which involved two separate groups of people from outside this country who were operating in our community as the arm of a much larger organization coming out of Massachusetts, which may well have been coming out of some other area before that. That is new to us, that is frightening to us. They are heavily armed, they outgun our police department.

We have already 10 out of our 153 policemen working on drug and drug related issues, through undercover work, through investigation, and through prevention. That is virtually all at local expense, with the exception of an important Federal program which we use, like Los Angeles, the DARE program. And that is very important to our prevention section of our police department's activities.

And we have been glad to be able to use those funds, but the bulk of that expense is local police expense. The need is very clear, and it is not just clear in Los Angeles and New York, Detroit and San Diego, it is clear across the country. We applaud the efforts being made by the Administration and by the Congress to focus on this problem, to coordinate efforts and to create, as it has been described, a war on drugs. And we think that is very positive and we hope will be very helpful to those of us on the street.

I would like to just emphasize a couple of the points in my testimony. The first is, as my Senator, Bill Cohen, indicated, the question of the shell game, It is very important to us that we not have our ability to deal with the root causes of much of this drug problem diminished or eliminated in an effort to pay for the enforcement to clean up the problem after it has become serious and grave. That is very important to us.

We look in the State of Maine and you saw the chart before you of the diagram of the States and the different funding impacts. Our State, as you noticed on that diagram, would actually lose $2.8 million in important Federal funding to our community in Juvenile Justice, in housing, in economic development projects, in order to gain $1.6 million from the Federal Government, primarily in enforcement areas for the drug business.

There is no question that the money is needed for the drug enforcement area. We don't question that at all. But if we cannot continue to deal with the root causes of the problem, all we are going to do is generate more and more and more drug users, which will

require more and more and more enforcement. We don't see that as a productive use of Federal dollars in this case.

The resources are clearly very important to us. The cost of an officer, a single officer or an officer slot around 24 hours is very expensive to our local community. To date we have been absorbing those costs on our local property tax rate. And you should know, if there are any questions about whether or not we are making an adequate effort on the local level, that our community has raised its property tax rate every year since 1979. We have made the political decision to raise the rate for property taxes in our community because it was the only way that we could continue to fund the necessary services of our community, and law enforcement and increasing our law enforcement area has been one of those demands on our local budget. We are making a significant area.

There are some cities in our country which are on the verge of bankruptcy. I don't want to pick on East St. Louis, but I know that they are one of them. I know there is another in Rhode Island—that are near bankruptcy in large measure because of the drug problem and for them to be expected to add dramatic new local resources to this battle is simply unrealistic.

So resources need to be added to it, significant resources. And those resources must find their way down to the street level, to the foot soldiers that the mayor so eloquently described in his remarks.

We have done, through the National League of Cities, a survey on the drug issue among our communities. We have not completed the compilation of that work, but I have a couple of preliminary things to share with you, particularly on this question of resources. First is that 70 percent of the respondents to our survey said that they experienced problems in receiving both information and funds from their States in the drug area, that the majority felt that the State plan did not reflect the reality of the local communities. So 70 percent of the communities responding had difficulty receiving both information and funds from their States.

And 80 percent said that their expenditures for police departments have increased as a result of the local drug situation. You can count us in that group. There is no question about it.

We also have no doubt that the States have a significant need for Federal resources in this war on drugs. Their expenses for jails, for court systems, for enforcement on the state level are all very real. Our only comment is that it needs to also be reaching the foot soldiers in the streets of our cities at the same time.

We also are concerned about the expectations of our local budgets, even of our State budgets, of what is being proposed currently before Congress. Our estimate of the cost of these mandates is anywhere in the area from $10 billion to $12 billion. Let me give you one small local example. In Portland alone—ours is a small community, we make only about 5,000 arrests a year—if we were to administer a drug test to every person we arrest, per this mandate, it would cost us $200,000. That is the value of about five police officers that we would put into the cost of that drug testing.

We don't have that $200,000. We didn't have the $70,000 that it cost to rearm our policemen. We have asked our policemen to buy their own guns, to borrow the money through their credit union to upgrade their arms. And the police union was so anxious for the

upgrade and so understanding of our inability to provide that money that they have agreed to that and they are now purchasing their own weapons.

We don't have the $200,000 to drug test every single person that we arrest, I guess is what I am trying to say to you. Both our county and our State are currently running bond issues for jails to increase the jail size. Our county jail is under a court order to increase its size because we now have tripled the number of people we are supposed to have in our county jail.

The cities, through the property tax rate, pay the cost of that county jail, and that we are doing already, before this new war on drugs. So the cost of the mandates is going to be very significant in our local communities. If we were to consider sharing the cost of this war on drugs on a 50/50 basis with the Federal Government, we would be looking at a Federal Government commitment of between $5 billion and $6 billion to the war on drugs. I would suggest $5 billion to $6 billion of new resources. Looks very small compared to what this Congress was required to do recently in terms of the financial industry.

My conclusion is simply what was stated in an editorial which appeared in our evening newspaper yesterday. As I got on the plane to come down here last night I opened my evening paper and there was an editorial on drugs, and they spoke to the question of robbing Peter to pay Paul. I agree with that editorial and I agree with the concept we cannot take it out of badly needed areas which support the support systems in order to pay for the war.

And second, there have to be resources of some significance, and these resources of significance must find their way to the street level, to the foot soldiers mentioned by Mayor Bradley.

Thank you very much for your time and attention.

Chairman GLENN. Thank you, Ms. Plumb.

Mayor Moran.

TESTIMONY OF JAMES P. MORAN, JR., MAYOR, ALEXANDRIA, VA [1]

Mayor MORAN. Thank you, Mr. Chairman. I appreciate, as do my colleagues, having the opportunity to speak to you today. I am the mayor of Alexandria, Virginia, which you may be able to relate to. It is in our backyard, right across the Potomac River. It used to be part of the District of Columbia.

It is a city of 110,000 people, and at least once a year on the front page of the Post Metro Section it sites Alexandria as having the highest tax burden in the Washington area. What they don't mention is that if it were not for the need to make up for the Federal cuts that have occurred in our domestic program since 1980 we would be tied with Arlington as having the lowest per capita tax burden in the Washington area. We have been severely penalized because we participated in Federal domestic programs as they were available.

In the last 3 years the only increases of any significance that have occurred in our budget have been directly related to drugs. We have had to hire substantially more police officers for drug pa-

[1] See p. 72 for Mayor Moran's prepared statement.

trols, we have had to build a new treatment center, an expanded one, and we have had to build a new homeless shelter, three-quarters of whose residents are there because of drug dependency. In fact, we built the detox center and the homeless shelter together and we require that when adults go into the homeless shelter that they go through detoxification as a requirement for staying in the shelter. We also provide job training and placement and so on.

We have one of the highest per capita expenditures on treatment in the country. We certainly have it among suburban Washington jurisdictions. And we also have the most police per square mile and per capita of any Washington suburban jurisdictions, also within the entire Commonwealth of Virginia. But in 1987 we had five neighborhoods that truly were under the control of drug dealers. We currently have four that I would say are still under the control of drug dealers where you can't walk at night. And it is not for a lack of local investment. We have poured our local resources into dealing with the drug problem, but our citizens complain bitterly about the danger and disruption that drug abuse and drug selling still create in their neighborhoods. All of our efforts to move drug sellers mean that we are displacing most of them and their customers follow.

Our citizens are demanding better police protection, and the fact that we have more than our neighboring jurisdictions is an inadequate response. We find that our criminal justice system is overwhelmed, and last year we had 44 percent more arrests than the previous year. Our statistics this year indicate that the increase is going to be larger than that.

Our new jail cost $15 million. We opened it in 1987. We thought we were going to make money off of it, because normally our prison load was about 200 inmates and we figured we would lease out 100 jail cells to the Federal Government. Their per diem is higher than the actual cost. This morning in that jail with 333 cells we have 510 inmates, and the vast majority of them are there as a result of drugs. Our prosecutor says that his office experienced a 300 percent increase in cases this year over last year and 95 percent of that increase is drug related.

Our Office of Probation and Parole is way over the Virginia State standard for the number of cases that any probation or parole officer is allowed to handle. Now, when you have overloaded case loads it makes it very difficult to supervise people on probation and parole, and that puts our citizens at risk. We have what we call a "Colby deal," after one of our of judges that says that if you have been arrested for the first time we are going to let you out but you have to have weekly drug testing, and if you don't pass the test then you get twice as long a sentence. That is working with some, but the reason we are doing it is we have no choice, we have no place to put the people that we are arresting. We have to find innovative ways of trying to keep them out of jail but still prosecuting them.

We found—and I think I might have mentioned this—where we turned almost 100 people away from drug treatment at any given time. And when you deny somebody treatment, generally you are not going to find them again. Delaying treatment is essentially denying treatment. We find that the amount of HIV infection from

sharing needles is increasing. The case load at our hospital of babies addicted with cocaine, particularly, it is expanding the amount of abuse and neglect that our children are suffering, which puts added case load on our protective service workers, and we find that every service department within the city is being strained, primarily because of drugs. And this is in an area that is generally considered affluent and fairly well managed, if I say so myself. And yet we are overwhelmed with what is happening on our streets, in our hospitals and in our treatment centers.

Now, treatment is certainly not the answer. It is only one component of the answer. Treatment does in no way guarantee recovery, and the Rand Report, it is scary in the estimate that it has of the success ratio for treatment. But the fact is that treatment costs less than incarceration, and incarceration is providing virtually no rehabilitation. In fact, we are finding—not necessarily in our jail—but in most prisons drugs are as readily available as they are on the street. So we have really no alternative to treatment. The alternative of incarceration is a grossly inferior one.

We are trying to develop every treatment strategy that we can identify. We are trying to strengthen our children. We are developing early childhood development throughout the city, trying to get better child care so that children feel competitive and are competitive when they enter the public school system. We are trying to build up our schools. We are offering all of the prevention programs, and Mayor Bradley referred to some of these.

We are also doing other things in addition to spending more money. We are trying to reduce the enablement factor, if you will. We feel that we have to deny drug abusers the ability to have their abuse subsidized. And in fact we are looking at ways where we can reduce public and private funding that people are dependent upon. We are trying to make life miserable for addicts, trying to force them into treatment. And you don't feel very compassionate when you do that, but we have got to confront the number of drug addicts that we have in our community. We are bearing down on drug buyers, we are seizing automobiles, we are taking away driver's licenses, we are trying to get the authorities to raise civil fines, we are going to publish the names of drug buyers in the newspapers. So we are trying to reduce the demand in that fashion.

But none of this is enough, and the fact is that our prospects for overcoming this problem are very bleak. We need help. We need the same kind of help that Pam and Mayor Bradley have referred to. It has got to be a partnership. Most of our tax money is still going to the Federal Government and our citizens are telling us, look, this is our money that we are paying at home and at our workplace and we feel out of a trillion dollar budget that we ought to be getting more coming back to protect our streets, to treat our neighbors who are addicted, and to help our children develop alternatives to drug dealing and drug dependency.

So our people are not asking for more taxes, they are asking for a reordering of priorities and they find it difficult to understand when we can put $30 billion to $60 billion over the long term into bailing out savings and loans and when we can have a $300 billion military budget, why the Federal Government cannot be more responsive than they feel it has been. Alexandria would expect less

than $100,000 out of this drug strategy. And we can use that money. But that is maybe 10 percent of what we could use effectively immediately.

We have a number of things that we think could and ought to be done in the terms of law enforcement with the increase of $200 million. Let's just relate that to what it means to local governments. It cost about $80,000 to train and equip one police officer. To cover one street corner you have to have three 8-hour shifts. That means it is about a quarter of a million dollars for one street corner. That works out, a quarter of a million into $200 million is what, 800 police officers? That is 800 more street corners in the country that can be covered. Now, how many street corners do you have in your jurisdiction, Mayor?

Chairman GLENN. That is a statistic you have never been asked, Mayor, I bet—how many street corners in Los Angeles.

Mayor MORAN. Well, I use that to try to relate to what a drop in the bucket this is. Law enforcement isn't the only answer, but that has really got to be first thing. We have got to make our streets safe. You know, the U.S. Constitution starts out with "To ensure domestic tranquility."

That is what we are looking for, that is our first responsibility, provide the kinds of neighborhoods that people can walk out at night, that they can sit on their porches, that they can send their kids to school and assume that the children are going to learn in a protected environment. That is our first responsibility and we are not able to meet that, and largely because of a lack of resources.

Then we need the ancillary services, and that is why it is so important that we not wind up cutting other necessary programs in order to fund the drug strategy. If we are going to be taking money from Juvenile Justice prevention programs, if we are going to be taking it from economic development or any housing programs, then we are really no better off, we don't want the Federal initiative. It has got to be new resources and it really needs to be targeted. I used the example of the police. Any money that is taken, is siphoned off, for whatever worthy administrative purposes before it gets to the local level, none of that money can ever result in a uniformed police officer out on the street.

So we are saying our citizens are going to hold us accountable. You have got to make sufficient resources available so that we can show some real results. We are more than happy to have President Bush take the initiative and be the front person on this if he chooses to be, but we know that we are the ones that are going to have to show the results.

You know, you are looking at a Federal child care bill, $2.5 billion. We see this as very much related to the drug abuse effort. The minimum wage issue, very much related. I just came from a homeless shelter and over 60 percent of the people there are working full time but they cannot afford housing within the Washington area. The minimum wage is a black comedy in areas like the Washington area where it can't possibly come anywhere close to meeting basic needs.

And I think we need to look at some of the laws and regulations also that deny us the tools to strengthen our neighborhoods. I am not going to get into this unless you want, because it is something

of a distraction, but we have been trying to evict drug dealers from our most impacted neighborhoods. We don't do it arbitrarily. We do any number of control buys and we execute search warrants and there is no question but that we are dealing with drug dealers. And we targeted 38 of them to evict them so that we can have some hope for restoring communities. And the people pushing for this most are people in low and moderate income communities, neighborhood leaders who want some threat posed to people who are dealing with impunity right now on their own streets.

This Federal legislation that was passed at the end of last session that said that you cannot evict a person if any member of the family would suffer an adverse consequence is wrong. It denies us the kinds of tools that we need to be able to implement at the local level.

And with that, if you have any questions, Senator, I know all of us would be more than happy to respond. We appreciate your leadership and we need it, particularly today. Thank you.

Chairman GLENN. Thank you very much. I do have a few questions. It is getting a little bit late and we are going to have to rush here and we may have to submit some questions to you for the record later on.

I am concerned about this split. We started off with how we apply the funds, whether it is on law enforcement, interdiction, whatever. And it is easy to say well, we should be putting equal emphasis on them so we make 50/50 on the funds, and yet the things don't cost the same. Education and putting some teachers and people out in the schools that reach a lot of young people may not be as expensive as putting another 10 cruisers and policemen out on the street and doing drug stings and all the things that have to be done over in the enforcement side of things.

You at the local level, it seems to me, have a view of this perhaps that might help us some in this area. Do you have any figure you could give me or any estimates as to the cost of good school programs compared to cost of law enforcement programs? Is there a ratio of 5 to 1, 4 to 1, 3 to 1? Should it be a 50/50 split on funds? That is a tough one to make estimates on.

Mayor BRADLEY. Senator, I don't know if anybody has developed any such precise figures. I think it would be very difficult. My point is that we ought not to choose one and say that we will do one, two or three of these elements of the program in this war and simply discard the others. I think that the comprehensive approach is absolutely necessary.

As to how much is going to go to each of them, I think that is something that has to be determined at a later time. But let us not leave out any of these elements that we have talked about today.

Chairman GLENN. Well, that is the problem we have right here though, Mr. Mayor. We can't just say it is unlimited, we are going to put $200 billion into this program, just to pick a figure out of the air. We know what the budget situation is and we are not going to have unlimited funds. The real argument here right now in Washington is the President's program only puts about 23 percent over in the prevention, the education area. The other proposals being debated versus that one right now—it has been going on for the last 10 days, as a matter of fact, negotiations almost day and night

to try and work something out—the other makes a more even split, about 50/50 between interdiction, law enforcement and education and prevention. That is the big argument going on right now and that is the reason I was asking you questions on this.

Ms. Plumb, can you give us any advice?

Ms. PLUMB. I agree it is difficult to provide specific numbers for you, although we can work on doing that for you. But basically our organization is committed to a concept of a 50/50 split because the programs have to be fairly vast on the education side, plus the treatment side is so grossly underfunded. And so if you put together those areas——

Chairman GLENN. I understand that, that the emphasis has to be the same. But the cost of putting that emphasis may vary from law enforcement and education. That is the figure I was trying to get at, and that is a little different.

Mayor BRADLEY. If you would like Senator, I think we could try to come up with something that is more definitive.

Ms. PLUMB. Certainly.

Chairman GLENN. If you have any. Maybe it is impossible to make that kind of an estimate, but that is the thing that we are trying to come up with right now. What kind of a split it should be. I think the vote that we finally have on this, in the Senate at least, will probably come down to that kind of a determination as to what people think the dollar value is that will give us about a 50/50 emphasis on both sides. And that is a tough one to make.

Mr. Moran, you were getting some advice here a moment ago. Do you have any comment?

Mayor MORAN. Well, the comment is that the debate that is really going on is where to cut and what domestic programs to cut. None of these programs deserve to be cut because none of them have been shown to be wanting. All of them have been shown to be inadequate in terms of what the need is. And our people are telling us—and what is amazing is every time we get together with the League of Cities and the Conference of Mayors and we talk with local elected officials, it is all over the country, people are telling us this is our money that is going to Washington and gosh darn it, it just doesn't seem that the priorities are reflecting what our priorities are, whose priorities are they, and we just don't think that that Byrd amendment is the proper focus.

You know, we took a survey, the National League of Cities took a survey this year, 680 cities. It included the majority of cities over 50,000 population. And whereas local elected officials used to concentrate on the traditional services, physical infrastructure, roads, picking up the garbage and that kind of thing, their focus right now, what they said is our greatest need is in child care, and then drug abuse, teenage pregnancy, and then affordable housing.

These are the needs that are overwhelming us and this is what our citizens are telling us. And, you know, the Government used to be formed on the basis that the closer to the people, the better the information and the more persuasive it would be to the final allotment of Federal tax dollars.

Chairman GLENN. You referred to the Byrd proposal. Now, it is the one that would split it more evenly. The President's proposal has about 23 percent into education and prevention, the rest of it is

over in the enforcement and the other area. Which one of those proposals would you favor?

Mayor MORAN. Well, let me try another example. They estimate that there are 2.5 million square miles in South America that could easily grow coca leaf, and we are currently using 679 square miles. I don't see any conceivable way that interdiction is really going to be effective. If you have to cut, the money has got to be at the local level to reduce demand. You know, if you wanted you could cover every ski slope in Colorado with cocaine deep enough to ski on with the amount of coca leaf that could be grown. We cannot stop that from coming, we have got to stop demand. And we are the ones at the local level that are willing to make that effort.

So as far as interdiction, I think there has been an inordinate emphasis on interdiction. In the last 8 years $21 billion was spent by the Federal Government, 3 percent of that, $457 million, went down to cities and towns for local law enforcement. Let us decide where our priorities are, because we have the accountability for making the difference at the local level. A block grant approach that gets the money to the localities where we can distribute it between law enforcement and treatment based upon what local needs are I think is the most effective use of the dollars.

Ms. PLUMB. Could I make a brief comment on the same question? I think the issue really is not a choice between Byrd and Bush. I mean, I just don't think that is the issue. Anything that deals with across the board cuts in accomplishing a means of funding the program is as hard for us to understand as anything else that does robbing Peter to pay Paul.

In all honesty, our policemen and our community really don't care whether it is the Bush plan, the Byrd plan, or the Glenn plan, they want something that is going to work in their community. And I echo the sentiments that were raised earlier by my Senator, Bill Cohen, that we really don't want the issues here to be overwhelmed by some of the political issues that sometimes swirl around things.

Chairman GLENN. No, and I should perhaps not have referred to this as the Byrd plan. Mayor Moran referred to it as the Byrd plan and I referred to it earlier as the President's plan and the one being put forward by Senator Byrd.

But the real choice is not a political choice between Byrd and Bush. I don't want to put it in those terms. The real choice is where you want to put the emphasis. We don't have unlimited dollars, and for the dollars we can find—and I don't think they should come by cutting other programs either, I am dead set against that one. I think that is a loser. You may gain a temporarily advantage over in the drug thing, but you lose emphasis on some of the root causes that are causing some of this business to begin with anyway. So I think that is a loser starting out. So I don't agree with that part.

But the question that I come down to when I have to vote on this one of these days is where do want emphasis? I want emphasis all across the board, but knowing we have a limited amount of dollars, what do I do? Do I vote for something that is closer to a 50/50 split on education? Do I put much more than that over there, following Mayor Moran's statement that he doesn't think we can interdict?

Incidentally, the Coast Guard says that they figure they are picking up about 5 percent, so they would tend to back up what you say.

How far do you want to go with this on education and prevention, looking for long term solution of this as opposed to the current trauma that you are all facing in cities right now with crime in the streets, people out there selling the stuff on the corners that you need policemen out there to deal with that. All cost money and that is what I was trying to get a feel for, the balance of what I should be voting for, and other people should be voting for here.

Ms. PLUMB. If I could make one more brief comment. I think that if you had the ability to block grant to communities, communities may differ in the proportions that they need in those two areas, and a community would then have the capacity within whatever guidelines were provided with that to make some decisions locally about where their greatest need was.

Mayor MORAN. Senator, there is one other aspect, and that is the continuity of the funding. We cannot hire more police officers if the money is only going to be available for say a 2-or-3 year span. You build up a base and you have to know that you are going to be able to sustain that base. We cannot build new treatment facilities unless we know that the money is going to be sustained. And the same thing with prisons. This requires a commitment that has to be ongoing, and that is one of the things that maybe we haven't emphasized that enough.

But whatever money we get, we have to be able to recognize it as an ongoing, sustained commitment so that we can have the confidence if we commit those funds we are not going to have to 3 or 5 years down the pike take them away from other local programs in order to maintain them.

Chairman GLENN. Mayor Bradley, just one additional question here, we are going to have to end very soon. But you mentioned the increase in the pounds and the tonnage of cocaine that has been intercepted by your law enforcement people in LA.

Has anybody made any estimate of the usage and what percent of total you are intercepting that would be a comparable figure to that Coast Guard figure I used?

Mayor BRADLEY. I have heard figures of less than 10 percent that is being interdicted.

Chairman GLENN. Less than 10 percent.

Mayor BRADLEY. And I have no reason to doubt that.

Chairman GLENN. Well, I have no further questions right now. I think we are going to have to end, I do have to go to another Committee meeting.

This is not something we are solving with one hearing, obviously. We appreciate your being here this morning. It has been a long hearing and we appreciate your willingness to stick around this morning.

Thank you very much. The hearing will stand in recess subject to the call of the Chair.

[Whereupon, at 11:50 a.m., the Committee adjourned, subject to the call of the Chair.]

APPENDIX

STATE OF OHIO
OFFICE OF THE GOVERNOR
COLUMBUS 43266-0601

RICHARD F. CELESTE
GOVERNOR

TESTIMONY BY

GOVERNOR RICHARD F. CELESTE

on

FEDERAL DRUG POLICY

before the

COMMITTEE ON GOVERNMENTAL AFFAIRS

U.S. SENATE

September 21, 1989

Senator Glenn and members of the Governmental Affairs Committee, I want to thank you for giving me the opportunity to testify on this very important subject.

Just two weeks ago the President unveiled his drug strategy. I am deeply grateful the President chose to address the drug problem in his first prime time television speech to the American public. For more than eight years we have been waiting for real direction from the White House, not just catchy slogans.

Poll after poll has indicated that the American people want decisive action to halt the drug plague. The President said, "This is the toughest domestic challenge we have faced in decades." Virtually all Americans agree with the goal: safe, drug free communities. At issue are the means.

Rather than begin by focussing on the money the President has proposed we spend, I'd like to start by expressing my concern about the priorities he set for how we spend it.

The President has decided that over a billion dollars needs to be sent to combat this problem over there -- in Latin America. I respect the incredible effort the government and people of Columbia seem to be making to crack down on drug production and trafficking. But the real front line in our war on drugs is right here --at home-- on the streets of Columbus, Los Angeles, and Omaha. Nor is this problem confined to our inner cities. While the crack-cocaine epidemic is more evident in depressed and (oppressed) neighborhoods, drug addiction and trafficking are everywhere. From the glistening towers of Wall

Street to the tree-lined streets of Upper Arlington, Ohio, from the back woods of Vinton County, Ohio, to the barrooms of quiet college towns drugs proliferate and addictions abound.

I agree with the President that drug pushers should be apprehended and punished for their crimes. Include as pushers those who deal crack on the street corners, those who peddle prescription drugs out the backdoor, those who gladly accept false I.D.'s to serve underage kids. Remember the majority of crack addicts started on booze. And we have to realize that the financiers who launder drug money are as guilty as the dealers themselves.

But I strongly dispute the notion that locking up everyone who is somehow involved with illegal drugs is going to solve the problem.

A large portion of the President's "new money" is slated for new federal prisons. Putting the bulk of the federal funds into building more prisons is at best a partial solution to this complex and enduring problem. Moreover, it does not even begin to address how states, who are responsible for over 90% of the 673,565 inmates, will pay for their new prisons.

In Ohio, we are near the completion of a $650 million prison construction program. We will have twice as many prisons in 1992 as we had in 1984. And we will still be overcrowded.

Our current prison population is nearly 29,000 inmates, up from 18,000 in 1984. Intake for the first eight months of 1989 is 31% higher than it was during the same period last year.

Historically drug offense commitments in our youth facilities have been few. However, from 1986 to 1988, those sentenced to our institutions for trafficking in drugs and drug abuse increased 635% Because of our burgeoning jail and prison populations, for the second time in my administration, I have appointed a jail and prison task force to provide me with reasonable recommendations on how we should relieve our overcrowded correctional facilities.

We must be tough on offenders, but we must target violent and chronic offenders for our secure facilities and design tough and practical sentencing alternatives for the others.

Federal dollars should be spent on drug education, prevention and treatment. Let's embrace a formula -- say ten beds in treatment facilities for every one new prison bed.

Just last week I talked with a Cincinnati treatment specialist. Her treatment center is just one of twenty-six in the greater Cincinnati area. Only seven of the twenty-six are public facilities and addicts have to wait up to six months before they can get in. Two hundred sixty are waiting to get into her facility.

Like the President I have visited the neonatal wards of Ohio's hospitals, where crack babies are born everyday. In Cleveland, 37 crack babies were born in 1987; this year 37 are born each month. Twelve of the women in that Cincinnati treatment center are pregnant. The toll of this tragedy is taking on our society has only begun to be calculated. Our

first national goal in fighting the drug war ought to be treatment on demand. When an addict decides he or she needs help, that person has already hit bottom. How can we afford to allow desperate men, women and children to feed the addiction they know they must end while they wait for treatment?

Ohio has worked actively to strengthen its capacity for appropriate treatment. On Tuesday, the Ohio Senate approved legislation to create an Ohio Deparment of Alcohol and Drug Addiction Services -- only the third in the nation. Ohio's 1990-91 budget included increased funding for this new cabinet level department, which will bring together alcohol and drug programs now split between the departments of Health and Mental Health.

We have a special focus in our drug programs on underserved populations including high risk youth, minorities and women.

Among those most at risk are African-American young men. The unemployment rate for young black males is nearly twice that of their white counterparts. African-American males are 10 times more likely to be murdered. While Ohio's African-American population is ten percent, our youth corrections population is 46% black. In recent months 83.6% of those sentenced to DYS for drug-related offenses are black males.

Last Thursday, I sat down and talked with two young black youths committed to the Department of Youth Services for drug trafficking and abuse. For them, as it is for many is the inner city, the appeal of drugs was mainly economic. Richard, for

example, helped his mom pay bills with his drug earnings. Drug pushers prey upon the most vulnerable and they are equal opportunity employers.

Consequently, targetted treatment interventions are essential. In 1987 the Ohio Department of Youth Services began a substance abuse program that has been cited as a national model. It involves assessment, education, support services, treatment and aftercare. Teens with the most severe addictions receive intensive treatment at two special residential units. Both of the young men I mentioned are in recovery programs, taking it one day at a time.

Ohio currently funds eleven urban minority alcohol and drug abuse outreach programs that are designed to reach African and Hispanic Americans.

Over the past four years, Ohio has developed a broad range of innovative programming for alcoholic and other drug dependent women. Thirty-five programs utilize the Alcohol, Drug Abuse and Mental Health Women's set-aside funds. In our 1990 budget, twenty-nine new programs will receive funding. Services include the full continuum of care from outpatient residential/halfway houses, domestic violence prevention, education, aftercare, to criminal justice reintegration.

But the waiting lists for treatment grow longer.

This is why education is so important. On this score, I agree completely with President Bush.

Currently, the Ohio Department of Education provides

assistance to local school districts to establish drug prevention education programs using both state and federal dollars. The department assists in coordinating these programs, disseminates information about successful models and administers the drug free schools grant program.

However the President's plan calls for a total increase for drug education of $37 million, or about one dollar per pupil across the nation. That's like pledging one day's lunch money to this critical effort.

This brings me to your question about the federal contribution toward our drug effort.

The President has requested an additional $2 billion for his war on drugs. $1.5 billion will be spent at the federal level. The states will receive $509 million to deal with the problems of substance abuse.

At the same time approximately $604 million in cuts in other domestic programs will take place. The net loss to states will be approximately $95 million. This strategy seems like unilateral disarmament of the states rather than a cooperative war on drugs.

I respect what it takes to balance budgets. In my tenure as Governor, I have done it four times. I can appreciate the need to be prudent and to prioritize budgetary wish lists. We are not talking about making decisions about budget priorities; we're talking about OMB sleight-of-hand.

Under the President's budget my state would receive about

$23.3 million for anti-drug efforts. However, we will suffer approximately $12.5 million in cutbacks, or a net gain of $10 million. This is about a dollar per Ohioan. For this buck our juvenile justice grants, used to help high risk youth, will all but dry up. Funds for the Economic Development Administration to fight extreme poverty would be eliminated.

And Ohio has actually fared better than most states in the President's tricky drug war mathematics. Twenty one states actually lose money in this new strategy. For example, California will lose $150 million and New Mexico and Arizona will lose $3 million each. Can you imagine trying to fight an escalating war on drugs while funds for that war are decreasing?

If we can find --on budget and off-- fifty billion dollars of new money to heal the self-inflicted wounds of a sick savings and loans industry; why can't the President find more than nickels and dimes for truly diseased citizens and distressed communities?

These are some of the reasons that I am supportive of Senator Byrd's amendment on this subject. It not only increases funding to fight the drugs in our streets, but it also installs a fair and efficient process to cut funds from other areas. And Senator Byrd's amendment strikes a better balance for where the money should be spent.

Beyond the funds themselves, let me mention three other aspects of the resource issue. First, congress must provide continuity in the funding of the Anti-Drug abuse grants. The

uncertainty from year to year regarding what will be available is dysfunctional to maintaining good programs at the local level. For example, in 1986 Congress authorized the state and local law enforcement assistance grants. My Office of Criminal Justice Service began working with local communities to use these funds. Before the Justice Department could assess these efforts, the funds were cut back. Both progress and accountability are more difficult if states cannot depend on a consistent level of funding.

Second, I would recommend that the allocation of federal drug grants remain at the state level. Some cities have rightfully complained about delays in receiving funds from their states. However, this is not the case in Ohio. We enjoy a solid relationship with our cities because we distribute these monies in a timely manner. The federal government could reallocate funds away from states that fail to use drug money in a timely way, as it does with federal highway dollars.

Finally, on October 1st, the state and local match requirements for Anti-Drug Abuse funding will increase from 25/75 to 50/50; whether or not we receive additional funds. A dollar for dollar match may price many small communities, rural counties, and inner city programs targetting minority youth, out of the program. I strongly urge you to reconsider the 50/50 match requirement.

Beyond the resource question, I urge you to look closely at the accountability requirements, and mandated criminal justice

policies, in the President's strategy. States need flexibility and autonomy in designing solutions that meet their immediate needs. What works in Ohio may not be the best strategy for California. Holding states hostage to a rigid formula and penalizing them under the guise of accountability may well turn state and local officials rather than drug pushers into the "enemy."

I want to conclude with this observation. Every time we discuss what drug abuse and addiction is doing to our citizens, and how we fight back, we must underscore the one program that we know works -- and that is the twelve step program that helps addicts recover from their disease one day at a time. All the war rhetoric, all the get tough attitudes won't help, unless we constantly reaffirm how essential this demonstrated truth is.

SENATE GOVERNMENTAL AFFAIRS COMMITTEE
September 21, 1989
Dirksen Senate Office Building
Washington, D.C.

Presentation by
Governor Bob Martinez
State of Florida

Mr. Chairman:

Thank you for this opportunity to address the Senate Governmental Affairs Committee regarding our nation's vital war on drugs. Considering the recent events in Colombia and the President's newly released Drug Control Strategy, this hearing is most timely as we work to wipe out the scourge of drugs through national and state efforts.

As Governor of the state at the front lines of our nation's drug problem, and as lead Governor for substance abuse and drug trafficking issues for the National Governors' Association, I appreciate your efforts to develop a comprehensive, national program for fighting drugs. I firmly believe the very fabric of our society is threatened by drugs, and we cannot rest until we eliminate both the supply of drugs and the demand for them.

You have asked me to address a number of specific questions regarding federal support of state and local drug control efforts, as well as intergovernmental coordination and ways to improve cooperation. You have also asked my thoughts on the President's National Drug Control Strategy.

I'd like to first address the President's plan, because I consider it to be most relevant to today's hearing. I believe President Bush's plan is a bold move in the right direction. I know it can work, because we in Florida are already making key elements of the strategy work in our state.

The President's address to the nation has taken the fight against drugs to a new plateau. President Bush has given this effort an unprecedented level of attention. As our nation's chief executive, the President can focus public attention and rally public support in a way that none of us -- Senators and Governors, even police chiefs and ministers -- can do in our communities.

By focusing on the drug problem from the overseas suppliers to the hometown users, President Bush has given each of us a reason to feel a personal commitment to this cause -- and the effort cannot succeed without personal commitment. With the White House as a rallying point, I believe the American people will gladly enlist to do their part in this war.

As part of his Drug Control Strategy, President Bush has recommended significant funding increases, exceeding the budget amount that Congress recommended but did not appropriate during its 1988 session. He has wisely spread the funding among the areas of law enforcement, treatment, prevention, education and corrections in a comprehensive way.

The President has dramatically increased support for fighting drug production and exportation by foreign nations to $2 billion over five years. Earlier this year I traveled to the drug-producing region of Latin America, and I support

major increases for Bolivia, Colombia and Peru to make them more effective at reducing cultivation, processing and exportation of illicit drugs while they develop healthy legal economies. Our commitment to the anti-drug efforts of foreign nations must be substantial, and it must be sustained over time if we are to be successful.

As much as we seek to eliminate the supply of drugs at its source, we must also recognize that there would BE no supply if Americans did not provide the demand for the drugs. President Bush has correctly focused attention on the user as well, refusing to excuse the individual user's complicity in fueling the drug trade.

The President's plan deserves special appreciation for its attention to public housing communities, where the impact of drug abuse can be so chronic. In Florida I have just appointed a special Inner City Action Team to outline the needs and and formulate workable strategies to deal with the drug problem -- especially crack cocaine -- in the inner cities and other poor communities.

I support the expansion of drug-free workplace programs, which are so critical to the long-term success of our effort. Florida passed a comprehensive drug-free workplace bill during our last legislative session, and we are promoting the development of a full range of programs by our public and private employers.

I also support the President's focus on local-level law enforcement. If we are to maintain the trust, confidence and cooperation of our citizenry, we must demonstrate concern and action where they are most visible -- on our streets, in our neighborhoods.

I would also like to compliment Congress and the various federal agencies for the funding and guidance that have enabled states and cities to promote broader anti-drug agendas and initiate pilot programs that fit specific local needs.

Thanks to these federal contributions, we have been able to improve our criminal justice systems and increase local law enforcement efforts. We have expanded the use of the National Guard for eradication programs. We have expanded treatment capacity for drug abusers, with increased attention to AIDS patients, women and babies. And we have broadened and improved the coordination of prevention programs, both school-based and community-based.

In Florida I have created a statewide Drug Policy Task Force, as well as a committee of law enforcement leaders to work together to fight the crack cocaine problem. The Inner City Action Team I referred to earlier is working to develop recommendations and strategies for dealing with the drugs, the crime and the decline of poor inner-city and minority communities.

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And we have done all this with the full cooperation of federal agencies. My Drug Policy Task Force includes the Florida-based heads of DEA and Customs, as well as the U.S. Attorney for the middle district of Florida. I recently convened a military and law enforcement summit meeting in Tampa to focus on interagency cooperation and military assistance to civil authorities. The summit was attended by representatives of the Department of Defense, the National Guard Bureau, Customs, the FBI, DEA the Coast Guard and the U.S. Attorney, as well as state and local law enforcement, the Florida National Guard, and representatives of states across the country.

These and many more initiatives, too numerous to mention here, are examples of action that has been taken in part due to the support provided by the federal government.

My state's anti-drug strategy, as outlined in our 1989 report "Toward a Drug-Free Florida," is a comprehensive approach that ranges from prevention to prisons. This year, for example, we funded over 9,000 new prison beds, an unprecendented one-year expansion of a system rapidly filling up with drug felons.

Beyond our prison investment, when new federal and state funding for our other anti-drug efforts are combined, 66 million <u>new</u> dollars have been invested in programs ranging

from prevention and education to treatment programs, the criminal justice system and overall coordination. Our program to tax the proceeds of drug dealers is a national model, and we have expanded the enforcement staff from 3 to 45 -- paying for the increase with funds collected from those very drug dealers.

You have asked for recommendations of ways to improve coordination or assistance. State and federal agencies have their differences in philosophy -- as do all agencies -- but in Florida their collective effort is most productive, as our record of major cases, seizures, confiscations and intelligence exchange so clearly shows.

Regarding federal support, I have four recommendations to offer:

I cannot emphasize enough the need for consistent funding, so our programs and strategies can remain stable and our expansion can be based on a solid foundation of experience.

I recommend that federal funds continue to flow through the states, in order to promote coordination among agencies in a way that equitably addresses priority areas. The increased funding proposed by the President and Congress will enable more money to flow to communities that may not have shared the limited funds previously available.

I recommend that the funding be attached to incentives for regional interagency cooperation. In Florida, for example, we gave extra weight to proposals that included the support of over 50 percent of local police agencies and city governments.

My last recommendation is that we support the use of military force, specifically special forces type personnel, in foreign nations that request military assistance. The world's drug problems are severe, and they call for strong measures. We need to fight the drug war on all fronts and to call other nations to action.

We would not hesitate to use special forces to overcome terrorist assaults on American citizens, yet I know of no more persistent form of terror than that inflicted by the drug lords who prey on our people.

Winning the drug war will not be easy, and it clearly will not be cheap. But if money alone were all it took, we would have won this war a long time ago. Instead, it will take the personal commitment I spoke of earlier, and I am proud that President Bush -- working hand-in-hand with the states -- has laid the foundation for the kind of effort it will take to win this all-important effort.

I thank you for this opportunity to express my view on this vital matter.

# # #

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STATEMENT OF
THE HONORABLE PAMELA PLUMB
COUNCILOR, PORTLAND, MAINE

on behalf of

THE NATIONAL LEAGUE OF CITIES

before the

SENATE GOVERNMENTAL AFFAIRS COMMITTEE

on

FEDERAL DRUG POLICY PROGRAMS AFFECTING
STATE AND LOCAL GOVERNMENTS

September 21, 1989

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Good morning Mr. Chairman and members of the committee. My name is Pam Plumb. I am a councilor from Portland, Maine, and the Immediate Past President of the National League of Cities.

I am here today representing the National League of Cities, the largest and oldest public interest organization of municipal public elected officials. It is a particular honor to be able to join with another past president of NLC, Mayor Bradley, and with our current policy committee chairman on national municipal anti-drug policies, Mayor Jim Moran, in testifying before you today.

It was 17 years ago that former President Richard Nixon vowed to eliminate drugs and drug-related crime from our streets. In the last two weeks we have seen this vow renewed. We are pleased at the renewal, but we are dependent upon the Congress if the federal role is to be meaningful.

Our most recent survey of our members reflected what we have all seen from almost any survey of Americans - responding to drugs and drug related crime is the highest priority of our membership. It is an issue, I should add, which is independent of the size of the city or town, or the region.

Consequently, we are grateful for the president's personal commitment to address this issue. His personal involvement and call for all levels of government, the private sector, and all Americans to work together is fundamental to any meaningful resolution.

It is our view that for too long cities have borne the brunt of the human and fiscal costs associated with drugs and alcohol.

We applaud the president's recognition that the so-called war on drugs is failing in the nation's inner cities. We believe that no federal effort can succeed without a real commitment to help cities fight back against drugs.

We look to the Congress to make such a commitment. And we appreciate your support for a Congressional Resolution to declare the week of December 3rd National Cities Fight Back Against Drugs Week, Mr. Chairman.

It is our view that if the federal government is serious about becoming a partner with municipalities, counties and states in helping the nation's cities and towns, then four key issues must be addressed:

* First, our nation must be committed to ensuring that every child has an equal opportunity to grow into a healthy, productive member of our society;
* Second, the federal government must make a real commitment of net, new resources to cities if it is serious about a "war on drugs," instead of proposing huge, costly, unfunded mandates;
* Third, the Congress should reject any "shell game" approach which cuts resources to state and local governments, and reduces federal assistance critical to addressing the problems that lead to drug abuse in order to respond to the symptoms; and
* Fourth, to the extent that the front lines are in the nation's cities, any federal role must make sure that assistance gets directly to the front lines instead of being eaten away between bureaucratic mazes.

Investment in Human Capital

After nearly a decade of disinvestment in cities, we believe the single, most important long-term weapon in winning any war on drugs is investment in children. We believe every child eligible for Head Start should be able to participate. We believe there ought to be a concerted effort to reduce infant mortality, especially in inner cities, to levels in other modern nations.

Poverty and lack of opportunity are the breeding grounds for the infection of drug abuse and crime. Until there is a comprehensive federal policy to address the growing gaps between rich and poor and between inner cities and surrounding areas, we are concerned that we will face ever increasing costs to treat symptoms as the underlying cancer festers.

We are at a critical point in our history. Between now and the end of the century more than half the new labor force in our country will be made up of Hispanics, blacks, other minorities, and whites from poverty backgrounds. Unless we find a way to bring these citizens and their families into the mainstream - unless we make a major investment in this human capital - the drug alternative will prevail.

A Real Federal Partnership

Despite recognizing that the war on drugs is being lost in the nation's inner cities, the president's national drug strategy calls for a net reduction in resources available to the nation's cities, but calls for enormous, new municipal expenditures.

Drugs have been relegated to being a city problem even though they are imported. Cities serve mainly as victims. They are the distribution centers for international cartels and for drug lord wars.

Nevertheless, cities have been asked to carry the greatest burdens of responding - both in the lives of municipal police, destruction of communities, and dollars.

If there is one factor that is clear, it is that inner cities with the highest levels of poverty and greatest levels of drug abuse and drug-related crime have the least fiscal resources to be able to undertake costly federally mandated costs and to be responsible for a national problem.

It is our view that if the federal government is serious about waging war, it must act that way. It must make resources - real resources - available. The resources should be at least 50% of those expenditures for state and municipal government's laid out in the president's strategy: or $5 to $6 billion in net, additional federal assistance.

Ironically the president's strategy gives some idea of just the additional law enforcement resources necessary at the state and local level. It is unfortunate, however, that the president's plan included no analysis of these proposed new costs, much less any suggestion of where to find such fiscal resources. In our view, the cost of providing a drug test for every person arrested for any reason at the state and municipal level, for every prisoner, person on probation or parole, jail and prison space for every person convicted for a drug violation, mandatory and longer sentencing, and treatment for any of those who test positive will cost between $10 to $12 billion over and above what states and local governments are already spending.
Moreover, we would note that such mandate issues raise difficult policy issues: should a city provide drug treatment to a convicted criminal before or instead of a "boarder baby," a mother who voluntarily requested treatment, or others who cannot afford it?

We are uncertain about a federal policy direction which directs such prohibitive costs towards prisoners and diverts resources from prevention.

Prison construction and costs of incarceration are already the fastest growing state and local cost. Last year alone state general fund spending on corrections increased 14.1%.

There is no question but that we must devote more resources to law enforcement and treatment, but cities and states simply cannot do it alone.

In a year when the federal government has committed over $300 billion to bail out the nation's savings and loans without any questions about offsetting cuts or Gramm-Rudman - and made that commitment not subject to any annual budget, authorization, or appropriation process, we are hard put to explain federal priorities to the victims of drugs in our streets.

WE CANNOT ROB PETER TO PAY PAUL

The president's national strategy proposes to cut municipal and state assistance by $604 million in FY 1990. It would take a portion of those savings - $194 million - and earmark them for states. The cuts proposed in the strategy would affect programs cities and towns use to combat the conditions that can lead to drug abuse and crime: juvenile delinquency, deteriorating housing, economic opportunity, and immigration costs.

Similarly there has been much discussion in the Senate of a quasi-Gramm-Rudman proposal to make across-the-board cuts in all municipal programs and defense in order to fund an expanded federal drug effort.

Quite honestly we think such a proposal counterproductive. We find little benefit in cutting education, Head Start, job training, housing, economic development and other programs critical to preventing drug dependency.

Such an effort not only undercuts efforts to deal with the underlying problems to treat the symptoms, but imposes serious obstacles on municipal budgets.

As we near the new federal fiscal year our ability to incorporate federal programs into municipal budgets has become a sea of uncertainty and disruption. We see proposals to make cuts in all programs; we see a growing likelihood of an October 15th sequester in every municipal program, including all federal anti-drug programs.

The bottom line is that we cannot rely upon any firm numbers to build into local programs in an efficient and effective manner when the federal share seems to be changing almost on a daily basis.

In our view a federal role must involve real, new resources for municipalities if it is to be meaningful.

DIRECT BLOCK GRANT ASSISTANCE

Finally, Mr. Chairman, we believe an effective federal strategy to combat drugs in our streets must include direct block grants to cities, counties and towns.

The current program diverts slim federal assistance to states. It guarantees a delay in any eventual delivery at the municipal level. It adds bureaucratic costs. It adds new restrictions on how local governments can use the resources. It adds to the uncertainty of trying to incorporate federal assistance into local anti-drug budgets.

As our president, Mayor Goddard of Phoenix, put it: it is always nice to receive a check from the state to assist in dealing with drug abuse. But when it is uncertain if such a check will come, when it will come, and what restriction will be attached to it; then one cannot build it into an effective and efficient local program.

We raised this issue directly with President Bush and he acknowledged that there are both legal and administrative problems in getting federal assistance to the street level. He did not offer solutions.

We hope you can.

Thank you. We appreciate the work of your staff and your interest in this issue.

I would be pleased to respond to any questions.

Testimony of James P. Moran, Jr.

Mayor of the City of Alexandria, Virginia

Before the

Senate Governmental Affairs Committee

September 21, 1989

Thank you for inviting me to speak this morning. I welcome this opportunity to describe Alexandria's struggle against drug abuse and drug-related activity and to make recommendations regarding the implementation of the National Drug Control Strategy.

I would like to begin by briefly describing Alexandria, its drug problem and our efforts to address the problem. In spite of our best efforts, drug abuse and related problems show few signs of getting under control. Like other jurisdictions across the country, Alexandria cannot meaningfully address the crises created by drug abuse without significantly more financial assistance, legislative and regulatory changes and leadership at the Federal level.

Although we have made substantial investments in the education of our young people, in the prevention and treatment of substance abuse and in law enforcement, we still have a growing and potentially unmanageable number of drug abusers and drug sellers who are threatening the well-being of our citizens.

We increased our drug-related law enforcement efforts last year by adding many more patrol officers, by re-assigning sworn officers from desk jobs to the streets, by organizing a tactical unit to arrest street-level drug dealers and by reallocating people to strengthen our vice-narcotics unit. At this point, we have the highest number of police officers per capita and per square mile of any jurisdiction in Virginia or any suburban jurisdiction in the Washington metropolitan area. Incidentally, in our state, we are among the highest per capita spenders for substance abuse prevention and treatment services.

Yet, our citizens continue to complain bitterly about the danger and disruption drug abuse and drug selling create in their neighborhoods. Our police efforts simply move drug sellers from neighborhood to neighborhood and their customers follow. Citizens are demanding increased and on-going police presence to get rid of the drug selling and to keep it away.

While our citizens demand and are receiving more aggressive law enforcement, the criminal justice system is overwhelmed. In 1988, 44% more arrests were made than in 1987. Our statistics, so far this year, indicate that there will be at least as large an crease.

Our new jail opened in 1987 with a capacity of 333 inmates. It has 510 inmates this morning with no end to the overcrowding in sight.

Our Commonwealth Attorney, whose office is responsible for prosecution, reports that in 1988 his office experienced a 300% increase in cases over 1987. He estimates that at least 95% of these cases are drug-related. He reports that the number of cases his office prosecutes continues to grow.

Our local office of probation and parole is understaffed with officer caseloads averaging about 15 cases more than the Virginia state standard allows. Overloaded officer caseloads make it difficult to provide adequate supervision to probationers and parolees. This situation has the potential for putting our law-abiding citizens at risk.

Many persons arrested for drug-related crimes are eventually diverted to treatment, some in lieu of a jail sentence, others after serving all or part of a sentence. In part to accommodate the demands made by criminal justice system referred clients, last year we increased the capacity of our substance abuse treatment programs by nearly 100%. And, we improved treatment service delivery by opening a new substance abuse detoxification and counseling center earlier this year.

In spite of these expansions and improvements, our Detoxification Center turns away an average of 60 Alexandrians each month due to lack of space. This year, we expect to run out of funds to purchase residential treatment services by the end of February 1990. At any given time, as many as 90 of our citizens are waiting for placement with a counselor for outpatient or methadone treatment.

Delaying treatment to these citizens is often the same as denying treatment. A drug abuser's motivation is often brief and driven by the crisis of the moment. Staff attempts to locate wait-listed clients are often futile as they have relocated or are no longer interested.

Meanwhile, the drug abuser may continue to use, buy and sell drugs. The drug abuser may continue to risk contracting or spreading HIV infection from unprotected sexual encounters or sharing needles or both. Drug abusing parents may continue to physically and emotionally abuse and neglect their children. Female drug abusers may become pregnant and put their unborn children at risk for a range of medical problems.

Participation in treatment does not, unfortunately, guarentee recovery. However, the alternative of no treatment nearly always means continued drug abuse for which the abuser, the family and the community suffer.

While we struggle to provide adequate and effective treatment services, it is critical that we also commit energy and resources to drug abuse prevention. Implementing effective prevention strategies is difficult because the decision to use or sell illegal drugs is a personal one. The decision-making process is driven by an individual's values and aspirations. To be effective, prevention efforts must be directed at helping people develop pro-social values and aspirations.

How do we do this?

We make our communities places where children grow to be emotionally and physically healthy. Communities where children aspire to a future that would be compromised by drug abuse and related activities. Communities where children are protected from abuse and neglect by child-oriented laws and adequately staffed child protective services. Communities where parents are assisted and supported in providing for their children by the existence of quality child care and early childhood education programs and excellent public elementary and secondary schools.

In addition, we make our communities places where adult drug abuse and addiction are not tolerated. Communities where adults in trouble with drugs have no viable options other than treatment and recovery. Communities where citizens refuse to enable drug abusers to continue the abuse by subsidizing the abuser's life-style with public funding and private charities. Communities where all service providers join together in compassionately but firmly pointing the way to treatment. Communities where a drug abuser's recovery is valued and supported.

Now, I'd like to comment on President Bush's plan. The plan itself is thoughtful and comprehensive. The major problem lies in its proposed implementation strategies. The plan does not recognize that the State and local governments are strapped. We're doing all we can. To do more, the plain and simple truth is we need money.

As it stands now, Alexandria could expect no more than $100,000 treatment money, probably less, as a result of the plan. Make no mistake, we can use that money. But, to meet our existing demand for service we need about 10 times that amount.

Here are some recommendations for implementing the plan:

1. Appropriate sufficient funds to meaningfully address unmet local needs for additional resources in these areas: enforcement, prosecution, supervision (probation and parole officers), corrections, treatment and education. These grants must be available for on-going "bread and butter" services, not time-limited demonstration and model programs. The funding must be readily accessible through simple application and accountability systems and mechanisms that prevent state governments from delaying the process and reducing local allocations by creating new bureaucracies.

2. Appropriate sufficient funds for ancillary services to support the development of the nation's young people and to support the recovery of drug abusers. This means adequate funding for child care, early childhood education, health care (including care for people with HIV infection and AIDS), feeding programs, child protective services, foster care and subsidized adoption, elementary, secondary, basic literacy, adult and higher education, job training, housing and other social programs that have been cut over the last nine years. We are now suffering the consequences of these short-sighted decisions.

3. Raise the Federal minimum wage to a level adequate for supporting workers and their families. It is critical hat there be an economic alternative to drug selling or dependence on public assistance that, at a minimum, enables unskilled workers to secure decent housing, adequate food, clothing and medical care.

4. Study and, if necessary, change laws and Federal regulations that could be used to protect drug abusers from the consequences of their actions. For instance, I would suggest beginning with the laws relating to the removal and return of children who are neglected and abused. I would also suggest a review of HUD regulations regarding evictions from public and Section 8 housing.

In conclusion, I urge you to pay serious attention to what those of us on the front line of this war have to say. We are fighting the battle daily and we are winning. We are severely limited by our lack of resources. We need your help. We need it now.

Testimony of the Honorable Kurt L. Schmoke
Submitted to
The U.S. Senate
Committee on Governmental Affairs
for Hearing on "Oversight of Federal Drug Policy Programs Affecting State and Local Government"

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Introduction

On September 5, 1989, President Bush sent to Congress his National Drug Control Strategy. This report, 6 months in the making, bears in its title what has long been missing from our efforts to come to grips with substance abuse. A "national strategy" is precisely what we need. But is that what we now have? Not really. It is more accurate to call the this report, drafted primarily by William Bennett, a compilation of strategies that have been used with little success for over 75 years.

For more than a year I have advocated, and will again in this testimony, the need for a national public health strategy to reduce substance abuse - a strategy led by the Surgeon General (unmentioned in the Bennett Report), not the Attorney General.

Much of my analytical argument for favoring treatment over law enforcement can be found in testimony I submitted to the House Select Committee on Narcotics Abuse and Control in September 1988, a copy of which is attached as Exhibit A to this testimony.

The purpose of this testimony is to (1) Reframe my original arguments in a way that responds directly to some of the ideas and proposals offered by Secretary Bennett, (2) Describe what is

being done in Baltimore, both in the areas of public health and law enforcement, and (3) Describe how Federal, State and City governments can best work together to lower the incidence of substance abuse (both legal and illegal) and reduce drug related crime.

I. The Bennett Report

For all of the media and presidential fanfare that accompanied the release of the National Drug Control Strategy, Secretary Bennett and his staff at the Office of National Drug Control Policy have kept their sights quite low. Both rhetorically and by the objective standards the plan sets for itself, the National Drug Control Strategy falls far short of a total war, crusade, zero-tolerance and other popular anti-drug abuse shibboleths.

For example, the strategy plainly distances itself from the unrealistic policy found in the Anti-Drug Abuse Act of 1988 of making America drug free by 1995. As for objective standards, the strategy calls for a 10% reduction in reported drug use over two years and a 50% reduction in ten. This is remarkable given that the opening paragraph of the strategy acknowledges that "current" drug abuse dropped nearly 40% between 1985 and 1988. In other words, the National Drug Control Strategy sets as its target a drop in overall drug abuse that is no faster than what

the National Institute on Drug Abuse found during the last three years.

The somewhat less rhetorical tone of the strategy - especially with regard to the limits of law enforcement - is welcome. What is unwelcome is the strategy's lack of imagination, realism and historical perspective. (It departs barely one whit from conventional thinking, and ignores altogether national policy toward drugs prior to the 1914 Harrison Narcotics Act the lessons learned from alcohol prohibition.) Also unwelcome is the report's nearly dismissive attitude toward the chronic social problems faced by people living in large urban areas, and the report's continued refusal to treat drug addiction as a public health problem in the same manner that we treat America's two most deadly addictions: smoking and alcohol.

The philosophical underpinning of Secretary Bennett's plan is summed up in this sentence from the report: "Whatever the extent of their offense, if they use drugs, they should be held accountable." While that language may please some, the facts demonstrate the impossibility of criminal or financial sanctions on every drug user This is simply zero-tolerance dressed up in the language of accountability; and zero tolerance, as the Reagan Administration found in its implementation efforts in South Florida, is a policy hopelessly in search of reality. Even Secretary Bennett's suggestion that users' names be

published in local newspapers is an idea with no place in the real world. Newspapers cannot be forced to publish names, and it's unlikely they'll voluntarily give up valuable advertising space in order to print a daily log of drug users.

Similarly, asset forfeitures, driver's license revocation, eviction from public housing, more widespread drug testing and the like are accountability measures that the National Drug Control Strategy says should be put into effect. I believe strongly that as long as current laws are on the books they should be enforced, and in Baltimore they are being enforced. However, we need to look anew at the conventional wisdom about drug laws. Imposing tougher laws does not necessarily mean imposing better laws.

Punishment has not, and tougher punishment will not, help us dig our way out of the drug morass. If anything, such laws may drive us in deeper. To begin with, poor addicts have no assets to forfeit. That's why they commit crimes: to get money to buy drugs. And even among so-called casual users, for most the threat of getting caught is so remote and/or their addiction is so deep, that the threat of greater punishment will have little effect. In the meantime, under our current national policy, tons of drugs continue to flow into the country and the traffickers continue to grow rich. (The threat of punishment may deter some non-drug users from starting. But education is still the best way to keep non-users from taking up drugs.)

Even building more prison cells won't allow us to dig our way out. The chart on P.27 of the Report gives just a sampling of the states whose prisons have exceeded 100% of capacity. Federal prisons are at 130% of capacity. And now the Bennett plan is pushing states and localities to spend billions more on additional prison space. If those added cells would really make our streets safer, they might be worth building. But they won't, and for this reason: The more drug traffickers and drug users we imprison, the more profitable the drug trade becomes. And as the drug trade becomes more profitable (as it has for the last ten years), there is more incentive to engage in criminal drug related activity. The cycle is vicious and unending.

In sum, more prison cells and longer sentences will end up meaning more drugs brought into the country, higher profits, more vicious turf battles, more besieged police, more corruption, more revolving door justice, more spread of AIDS by I.V. drug users, more children dropping out of school so they can make money selling drugs, more threats to our civil liberties through intrusive searches (see article by Milton Friedman from the Wall Street Journal attached as Exhibit B.), more pressure on already stretched state and local budgets, and of course, in the end, still more overcrowded jails.

This dreary pattern of more law enforcement followed by more drug related crime is demoralizing to people living in our cities, just as Prohibition was 50 years ago. And just as we

failed to prosecute and incarcerate ourselves out of the terror alcohol Prohibition reigned down on America, we will similarly fail to end today's drug terror with the National Drug Control Strategy.

Beyond the inevitable spiral of addiction and crime that will persist under the National Drug Control strategy, the plan poses a significant threat to the well-being of at-risk children.

We used to think of at-risk children as children from economically disadvantaged communities. But now we have to add children of all social classes threatened by drugs. Children caught between warring drug gangs. Children deprived of a decent public education because billions of dollars are needlessly and uselessly being diverted to this war on drugs. Children lured out of school and into the drug trade by promises of big money. Children in danger of contracting AIDS at birth because one or both of their parents used an HIV infected needle. Children denied the opportunity to learn and become productive workers because they've been incarcerated, couldn't find drug treatment, or both.

There comes a point where policies should be judged not only by whether they work, but also by whether they're just. The policy proposed by Secretary Bennett is neither. It won't quicken the decline of drug abuse, it won't make our neighborhoods safer, and it leaves those with the smallest share

of our economic prosperity - the poor, including millions of poor children - bearing a disproportionately large share of drug addiction, incarceration, drug related crime, and now AIDS. This is an injustice, and it's time to bring it to an end.

What we need instead is a national drug policy led by public health professionals and guided by the principle of harm reduction. That means reducing the harm to society both from drugs and from drug-related crime. Contrary to what the Bennett Plan suggests - we cannot eliminate all drug use in America. Our nation is the world's leader in consumption of both legal and illegal drugs. If we are to succeed in wresting control of our cities, our neighborhoods, and our lives from the scourge of drug addiction, our nation needs a realistic, humane, achievable goal. That goal must be to minimize the harm to society and individuals from the use of drugs.

Key to this harm reduction approach would be a shift in attitude and policy concerning drug addiction. If we viewed drug addicts as patients to be treated rather than as criminals to be incarcerated, our decisions concerning strategy and resource allocation would be dramatically different from what it is today.

The cornerstone of a policy of harm reduction is treatment on demand. This means having treatment available to any client at the time he or she makes the crucial decision to get

off of drugs. For most addicts, that moment comes and goes many times. But addicts are frustrated because help is persistently unavailable at the time that they seek it. Baltimore's Addict Referral program, which specializes in rapid medical intake and referral of addicts, turned aside 1303 addicts in the last 11 months - or well over 100 per month. These are addicts who need treatment and counseling within an 8-12 hour period, otherwise they'll go out and get another fix. One in ten Baltimoreans has a substance abuse problem, but only one twentieth of these people can be helped in our existing treatment programs. These numbers are typical of large cities across our nation.

There must be a substantial increase in the amount of federal and state money going toward treatment. Under Secretary Bennett's plan, 70% of the federal anti-drug abuse budget is for law enforcement; 30% is for treatment. Those numbers should be reversed. Drug addiction is a <u>disease</u>. And diseases are cured by health professionals not by police and prosecutors. It is self defeating and counter productive to spend billions of dollars trying to prevent through arrest and imprisonment the physical and mental impairment of substance abuse. Secretary Bennett's call for involuntary treatment particularly ironic in this context. It leaves the impression that addicts don't want help. While that may be true in some cases, it is documented that we are turning away thousands of addicts who <u>do</u> want help. As such, talk of setting up mandatory programs for those who <u>don't</u> want help strikes a cruel, if unintended, note.

In a public health strategy it is essential for the medical profession to become more actively involved in the treatment of addicts. This involvement would include allowing physicians to administer drugs, including, when necessary, some which are currently classified as illegal, to addicts under their care. This is not a perfect or failsafe solution. But better an addict be weaned from drugs with the help of a competent medical professional than continue to purchase unregulated, and perhaps adulterated drugs on the black market.

A distinction needs to be made between the public health strategy (what I refer to as decriminalization) and what the National Drug Control Strategy labels drug legalization. The report criticizes advocates of "wholesale drug legalization," and talks - ominously - about cocaine priced "well within the lunch money budget of the average American elementary school student." No serious advocate for a public health strategy would tolerate for a moment the promotion of drug use as a positive good or the legal sale of drugs (including alcohol and cigarettes) to elementary school children. Those who are interested in controlling the drug problem in this country should recognize the need for new strategies and encourage new ideas rather than demean those who urge a departure from conventional wisdom.

The Bennett Report further states that "legalization might also entail an increase in more serious crime by addicts." No

evidence is given to support that statement which itself is highly disingenuous since it presupposes drugs being sold openly, much in the way that cigarettes are. Again, no serious public health model would take this approach. A proper medical strategy would be based on a highly regulated regime set up to pull addicts into the public health system. This regime would control the access, purity and price of all drugs. A public health strategy, in other words, does not, and should not, mean easy availability of drugs. Experience shows we can regulate the use of drugs much more artfully than that. Alcohol is more carefully controlled than cigarettes, and currently illegal drugs could be much more carefully controlled than alcohol.

Experience also shows that through widespread public education and social pressure the use of addictive substances, for example nicotine, can be greatly reduced. Millions of people have quit smoking without the imposition of criminal sanctions. The same kind of public education campaign and social criticism may be responsible for the decline in casual drug use found by NIDA. Thus, the message that drugs are dangerous and not to be used can be effectively made through schools, television, community forums, religious leaders, public service messages, health professionals, political leaders and law enforcement representatives. All must be a part of any public health strategy to combat drug abuse.

Those who favor a strong law enforcement approach to drugs probably don't want to be viewed as taking the most extreme position on that side (universal drug testing, incarcerating millions of casual users, large military operations in the Andean countries, etc.) Similarly, those who favor a public health approach don't want to be viewed as favoring unregulated or even lightly regulated, drug sales. And suggesting that they do merely trivializes the debate and does nothing to advance our national anti-drug abuse efforts.

II. Baltimore's Drug Control Efforts

While I believe strongly that we need a fundamental change in national strategy, I think its important to describe the hard work we are doing in the City of Baltimore to try to control the drug market in our community. The steps we have taken, many of which are consistent with, or go beyond, those called for in the National Drug Control Strategy, are an effort to manage drug abuse. They won't end drug trading, drug crime, the spread of AIDS, or the problems of our overburdened criminal justice system. But they are helping us achieve small victories.

The National Drug Control Strategy properly recognizes that police and prosecutors cannot, by themselves, keep drug dealers off the street. Law enforcement personnel need the support of the community. And in Baltimore, they have it. The City now has over 128,000 registered Block Watchers.

We have also adopted an innovative anti-loitering law that promises to do the "difficult and painstaking" street-level drug enforcement called for in the National Drug Control Strategy. Under that law, certain areas of the City have been designated as drug free zones. Within the boundaries of any such zone, the police can break up open air drug markets even before a sale takes place. Similar zones are being set up near schools. These "school yard" laws are specifically recommended in Apprendix C of the Bennett Report. The City also has an in-school Drug Abuse Resistance Education (D.A.R.E.) program, "Just Say No" clubs and other programs designed to keep kids from using drugs.

What are we doing through the public health system to address the drug problem? The Baltimore City Health Department funds 19 drug treatment programs and 20 substance abuse prevention projects. We also fund 19 alcohol treatment programs. The total annual budget for these programs is nearly 10 million dollars. Our treatment programs include outpatient, residential and halfway house services. Prevention services include many grass roots efforts at education and the provision of alternative activities for youth. A vast network of community groups make the very best use of very limited resources.

These are just a sampling of the education, treatment and community action activities that are ongoing in Baltimore. I

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strongly support the recommendations of Secretary Bennett that involve the use of non-coercive means to prevent drug abuse. Ours is a "tough-on-crime" city. We believe that anti-drug laws, even when flawed, must be enforced, and that violent criminals need to be taken off the streets. But we also believe that flawed laws must be reformed particularly when it is clear that they have failed to achieve their stated goals.

Ironically, one of the main impediments to keeping violent offenders in jail for periods of time commensurate with their crimes, is the problem of jail overcrowding. I've already tried to make the point that building more jails will not rid our cities of drug related crime. Neither is it a long-term solution to jail overcrowding. We need, instead, to focus on who is being put into those cells.

The Baltimore Police department expects to make over 19,000 arrests in 1989 for narcotics violations. This is a 107% increase just since 1984. During the first quarter of 1989, 70% of the arrests in Baltimore were for heroin or cocaine offenses.

These very large numbers of drug related arrests have kept the population of the Baltimore City Jail over capacity. In fact, Baltimore, like many other cities, is under court order to reduce its jail population. The City has been working with the courts and state government to get the jail population under the court mandated cap. As of October 2, 1989 the jail was 62

prisoners over the cap, down from several hundred just a couple of months ago. Nevertheless, with the new anti-loitering bill and stepped up law enforcement, we need more innovative approaches to the problem of jail overcrowding.

Obviously, one approach is to seek alternatives to incarceration, especially for jail inmates held on pretrial detention (In Baltimore 85% of the inmates have yet to go to trial. And most would be free but for the fact that they can't afford to make bail.) But in the long term, we need to ask ourselves whether it advances the cause of justice and public safety to crowd our jails with non-violent drug offenders.

It costs Baltimore City $20,000 to $30,000 dollars per inmate per year. We provide effective drug treatment for $1500 per person per year. I was recently told that it costs less money (a lot less) to send someone to Penn State than to the State Pen. The point is, we need to realistically evaluate where we're putting our limited financial resources. Will more laws, more police and prosecutors, more trials, and more jails buy us the drug-free security we want? Or would we be better off focusing our money and talents on educating young people about the dangers of drugs. And just as important, offering them an alternative to drugs. Taking and selling drugs has no allure for most young people whose future holds out a college education and a career. But for at-risk youngsters growing up in a culture where drug money is pretty much the only money, and

jail is accepted as part of the risk of doing business, using drugs and selling drugs can be a Siren's Song.

III. Federal, State, and City Collaboration

As for how Federal, state and local government can better coordinate their anti-drug efforts, I would offer the following observations.

First, state and local government need access to more federal resources. Some of those resources must go to supporting local law enforcement. But even more important, is additional federal money for education and literacy programs. We can save thousands of children from the ravages of drug abuse if we can guide them down the road toward learning and self-esteem. Building boot camps and jail may help slow the flood of drug misery. But only by building brainpower can we hope to reverse it.

Local government also needs to be involved in the planning stages of the federal government's anti-drug abuse efforts. A case in point: Secretary Bennett was at one time considering designating Washington, D.C. a High Intensity Drug Trafficking Area. This would mean pouring large amounts of law enforcement resources into Washington in order to fight drug traffickers.

The result of this effort would almost certainly be that drug traffickers in Washington would move to areas outside Washington, including Baltimore.

Accordingly, the federal government needs to carefully gauge the effects of imposing its police powers in isolated areas. Tactical victories in one area can lead to tactical defeats in many others. The South Florida Task Force is a perfect case in point. When President Reagan and then Vice-President Bush poured massive law enforcement resources into South Florida to interdict drugs, the result was new smuggling all along the Gulf Coast. And that is just one example in the war against drugs of good intentions making a bad situation even worse.

Another way for the federal government to help the states and localities is to undertake a review of all federal regulations dealing with drug abuse treatment facilities. Some of these regulations may unnecessarily limit the number of addicts that can receive treatment. That is particularly true of regulations that impose difficult and expensive record keeping requirements.

Finally, the federal government should set up a national commission of neutral experts to study how all substances of abuse, legal and illegal, should be regulated. This commission would have as its chair, the Surgeon General of the United

States. The commission might also study drug trafficking patterns in order to learn more about the connection between the black market in drugs and drug crime. Obviously, interested state and local government officials should be given the opportunity to share their ideas and concerns with the Commission, and through the Commission with Congress, Secretary Bennett and the President.

With the National Drug Control Strategy barely off the printing press, it may be precipitous to call it a failure. The strategy contains some good ideas (especially about treatment and community education) and many good intentions. But in the words of a famous adage: the road to hell is paved with good intentions.

The fact of the matter is, the National Drug Control Strategy will in all likelihood provide no long term relief for any of Baltimore's or other urban areas' drug related problems. It won't relieve our overcrowded jails. It won't get all, or anywhere near all, of our addicts into treatment. It won't address the chronic underfunding of our public schools. And while it may allow us to hire some more police and prosecutors, until we put in place a comprehensive public health strategy that removes the economic incentives to deal in drugs, there will always be more holes in the dike than state and local government have fingers to fill them.

EXHIBIT A

Testimony of the Honorable Kurt L. Schmoke

Submitted to

The U.S. House of Representatives

Select Committee on Narcotics Abuse and Control

on September 29, 1988

"The addict is denied the medical care he urgently needs, open and above-board sources...are closed to him, and he is driven to the under-world where he can get his drug, but of course surreptitiously, and in violation of the law..." (from American Medicine, 1915)[1]

The foregoing observation was made 73 years ago on the heels of the passage of the Harrison Narcotics Act. It hasn't aged a day. As the writer was quick to recognize, the effectiveness of the Harrison Narcotics Act - the federal government's first attempt to stamp out the use of narcotics (and other drugs incorrectly labeled narcotics) - is hampered by two inescapable facts. First, addiction is a disease and, whether we want to admit it or not, addicts need medical care. And second, in the absence of access to legitimate sources of drugs for medical care, a criminal underworld will quickly step into the breach and sell the addict the drugs that he or she cannot otherwise obtain.

Since the Harrison Narcotics Act was first passed, the United States has made herculean efforts to try to get around the reality that drug prohibition increases crime without doing away with addiction. Nevertheless, that reality remains as true today as ever. We have spent nearly 75 years and untold billions of dollars trying to square the circle, and inevitably we have failed.

That is not to say that there have been no drug-related changes since 1914. There are now more kinds of drugs (crack and PCP, to name two) and more potent drugs. There are more addicts (heroin addiction has doubled since 1914[2]), and as is apparent to anyone living in a major city, there is more crime. Much more. The only

thing there is less of now than in 1914 is hope - hope that law enforcement can bring an end to this long national nightmare.

It is sometimes said that the United States has no drug policy. That is both true and untrue. We do have a drug policy, and it can be stated with almost child-like simplicity. Our policy is zero use of all illicit drugs all the time. Among Schedule I drugs, few distinctions are made as to physical harm or psychological effects. It's a policy that is both unambiguous and unimaginative. It is also unattainable. And in that sense, zero use, or zero tolerance as it is sometimes called, is not a policy at all -- it's a fantasy.

There is, however, an alternative to a drug policy based primarily on law enforcement, and it is an alternative that has worked before. The repeal of alcohol Prohibition helped rather than hurt this country, and a measured and carefully implemented program of drug decriminalization would do the same.

The case for decriminalization is overwhelming. But that is not to say that it is without risk. Providing legal access to currently illicit substances carries with it the chance - although by no means the certainty - that the number of people using and abusing drugs will increase. But addiction, for all of its attendant medical, social and moral problems is but one evil associated with drugs. Moreover, the criminalization of narcotics, cocaine and marijuana has not solved the problem of their use. Twelve million Americans used cocaine at least once in 1985.[3] And marijuana use is estimated to

be at least twice that number.[4] According to the General Accounting Office, Americans in 1987 bought 178 tons of cocaine, 12 tons of heroin and 600,000 tons of marijuana.[5] Overall, millions of Americans are regularly using illegal drugs. Their reasons may vary, as do their race, income level and ability to quit. Nevertheless, in asking the criminal justice system to put an end to this tragic reality of American life, we have, quite simply, asked it to do the impossible.

While some may disagree, I believe the unwelcome honor of the worst drug-related evil goes to crime and the disintegration and demoralization of our cities - an evil that only the decriminalization of drugs has any chance of solving.

Except for libertarians - which I am not - advocates of decriminalization do not base their position on a belief that people have an inherent right to use drugs. On the contrary, advocates of decriminalization simply view it as preferable to our present policy.*

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* In a Drug Policy Workshop held in Baltimore on August 4, 1988, both sides of the decriminalization debate expressed their views and shared their research. Topics for the workshop included public health, crime, and ethical considerations. A summary of the proceedings of the workshop is attached to this testimony.

Decriminalization is a means to a much desired end: getting the criminal justice system out of the business of trying to control the health problem of drug abuse and putting that responsibility where it belongs - in the hands of our public health system. This is by no means a new idea.

In 1936, August Vollmer, who in the course of his career served as a police chief, professor of police administration and president of the International Association of Chiefs of Police wrote:

> *Drug addiction, like prostitution and liquor, is not a police problem; it never has been and never can be solved by policemen. It is first and last a medical problem, and if there is a solution it will be discovered not by policemen, but by scientific and competently trained medical experts whose sole objective will be the reduction and possible eradication of this devastating appetite.*[6]

August Vollmer was right in 1936 and he's still right.

To understand why our criminal justice system has not only failed to solve the problem of drug abuse, but has made it worse, requires some historical perspective.

Why are some drugs illegal? To answer that question many Americans might be tempted to borrow a line from Tevya in Fiddler On The Roof, "I don't know why, but it's a tradition." The point is, few of us can remember a time when narcotics, cocaine and marijuana were legal in this country, let alone remember (or know) what social forces led them to be made illegal. (That is not to say that Americans aren't aware that Coca-Cola originally contained cocaine;

that heroin was once sold legally as a patent medicine; that marijuana was smoked widely in Colonial America and similar historical artifacts.)

In the 19th century opium based drugs, as well as cocaine and marijuana, were easily accessible and widely prescribed by physicians in the United States.[7]

The first attempt to ban opium came in 1875 when the City of San Francisco passed an ordinance closing Chinese opium smoking dens. The ordinance was not passed out of any concern about addiction. The concern was - at least to those who wrote the ordinance - that the Chinese opium dens were being frequented by white women and men of "good family."[8]

Thus, our long and unsuccessful effort to use the criminal law as a way to prevent people from using drugs arose out of 19th century America's obsession with race.

The Harrison Narcotics Act was passed in 1914. But again, this first federal anti-drug law was not an effort to fight addiction, or for that matter, drug traffickers. Two years earlier at the Hague Convention, the United States and the other countries signed a new treaty in which each of the signatories agreed to regulate opium traffic within their own borders.[9]

Accordingly, in order to meet its treaty obligations, Congress approved the Harrison Narcotics Act -- a law that was never intended to prohibit the use or sale of narcotics and cocaine.[10] On the contrary, the law simply required that anyone who manufactured, sold or prescribed narcotics be licensed and pay a fee. The law also imposed standards for quality, packaging and labeling.[11]

How did a law that on its face was no more than an economic regulation, become the statutory basis for making drug abuse the responsibility of the criminal justice system - at a cost of untold billions? The answer to that has to do with the nature of addiction.

The Harrison Narcotics Act specifically allowed doctors to prescribe and dispense narcotics "in the course of his professional practice."[12]. The medical establishment took the position, and still does, that addiction is a disease. (In July 1988, the AMA reiterated its long held view that addiction is a disease.) The Treasury Department, however, saw it differently. The Supreme Court, in the case of Webb v. U.S.,[13] settled the matter. The Court held that it was illegal for a doctor to prescribe narcotics for the sole purpose of keeping the addict comfortable.[14] In other words methodone maintenance, i.e. long term management of addiction, could not, and still cannot, be administered by private physicians. This was an astounding decision at the time it was made because it went against both commonly accepted medical norms and the apparent intent of Congress. As a result of the Webb decision and others, the

legal market for narcotics dried up, leaving only the black market as a source for addicts to purchase drugs.

Since 1914, the United States has spent billions of dollars trying to rid itself of the black market in drugs. This is doubly ironic. First, because it was the passage of the Harrison Narcotics Act that allowed the black market to come into existence to begin with. And second, because the federal government's response to the black market since 1914 has been to intensify its efforts at prohibition. In other words, the very policy which created the black market has been used for almost 75 years to try and get rid of it. With that sort of approach, it's not difficult to understand why the importation, manufacture and sale of narcotics continues to flourish.

Our current drug policy is destined to fail and ought to be changed for precisely the reasons suggested by American Medicine in 1915.[15]

To begin with, addiction is a disease. In the words of the American Medical Association, "It is clear that addiction is not simply the product of a failure of individual will power...It is properly viewed as a disease, and one that physicians can help many individuals control and overcome."[16]

The nature of addiction is very important to the argument in favor of decriminalization. We cannot hope to solve addiction through punishment. As pointed out in the 1972 Consumer Union's

Report on drugs,[17] even after prolonged periods of incarceration, during which they have no access to heroin, most addicts are still defeated by their physical dependence and return to drugs. Moreover, the results are pretty much the same when addicts leave a therapeutic treatment setting such as Synanon. The sad truth is that heroin and morphine addiction is, for most users, a lifetime affliction that is impervious to any punishment that the criminal justice system could reasonably mete out.

Given the nature of addiction - whether to narcotics or cocaine - and the very large number of Americans using drugs (The National Institute on Drug Abuse estimates that one in six working Americans has a substance abuse problem),[18] laws restricting their possession and sale have had predictable consequences - most of them bad. What follows is a summary of just some of those consequences.

1. Crimes Committed by Addicts

Addicts commit crimes in order to pay for their drug habits. According to the Justice Department, 90% of those who voluntarily seek treatment are turned away.[19] In other words, on any given day, nine out of every ten addicts have no legal way to satisfy their addiction. And failing to secure help, an untreated addict will commit a crime every other day to maintain his habit.[20]

Whether one relies on studies - such as the analysis of 573 narcotics users in Miami, who during a 12-month period were shown to have committed "6000 robberies and assaults, almost 6700

burglaries...and more than 46,000 other events of larceny and fraud"[21] - or simple observation, it is indisputable that drug users are committing vast amounts of crime and non-drug using Americans are frequently the silent victims of those crimes. Baltimore, the city with which I am most familiar, is no exception to this problem. According to James A. Inciardi, of the Division of Criminal Justice at the University of Delaware, a 1983 study of addicts in Baltimore showed that, "...there were high rates of criminality among heroin users during those periods that they were addicted and markedly lower rates during times of nonaddiction."[22] The study also showed that addicts committed crimes on a persistent day-to-day basis and over a long period of time.[23] And the trends are getting worse. Thus while the total number of arrests in Baltimore remained almost unchanged between 1983 and 1987, there was an approximately 40% increase in the number of drug-related arrests.[24] This increase, which is no doubt due in part to the increase in cocaine distribution and use, was taking place at the same time the federal government was increasing its enforcement and interdiction efforts.

On the other hand, statistics recently compiled by the Maryland Drug and Alcohol Abuse Administration indicate that crime rates go down among addicts when treatment is available. Thus, for example, of the 6,910 Baltimore residents admitted to drug abuse treatment in Fiscal year 1987, 4,386 or 63% had been arrested one or more times in the 24-month period prior to admission to treatment.[25] Whereas, of the 6,698 Baltimore City residents who were discharged from drug

treatment in Fiscal year 1987, 6,152 or 91.8% were not arrested during the time of their treatment.[26] These statistics tend to support the view that one way to greatly reduce drug-related crime is to assure addicts access to methadone or other drugs without having to resort to the black market. As Professor Ethan Nadelmann points out, "If the drugs to which addicts are addicted were significantly cheaper - which would be the case if they were legalized - the number of crimes committed by drug addicts to pay for their habits would, in all likelihood, decline dramatically."[27]

2. Overload of the Criminal Justice System

If the last 74 years have proved nothing else, they have proved that we cannot prosecute our way out of the drug problem. There are several reasons for this, but the most basic reason is that the criminal justice system cannot - without sacrificing our civil liberties - handle the sheer volume of drug-related cases.

Nationwide last year, over 750,000 people were arrested for violating drug laws.[28] Most of these arrests were for possession. In Baltimore, there were 13,037 drug-related arrests in 1987. Between January 1, 1988 and July 1, 1988, there were 7,981 drug-related arrests.[29] Those numbers are large, but they hardly reflect the annual total number of drug violations committed in Baltimore. Should we therefore try to arrest still more? Yes - as long as the laws are on the books. But as a practical matter, we don't have any place to put the drug offenders we're arresting now. The population in the Baltimore City Jail is currently 2,900

inmates. The capacity of the Baltimore City Jail is only 2,700 inmates. This shortage of prison space has led to severe overcrowding, and the City is now under court order to reduce its jail population.

The extent to which drug crimes consume prison space can be seen in Baltimore City. Of the total Baltimore City jail population, 700 persons, or about 25%, are incarcerated for possession and/or possession with intent to distribute. However, it is estimated that 80% of the Baltimore City jail population is incarcerated for drug related crimes.

In jurisdictions outside of Baltimore, the numbers are just as bad, or worse. In New York City, for example, drug-law violations accounted for 40% of all felony indictments, and in Washington, D.C., the number was 50%.[30]

Our federal prison system has similar problems. It was built to house 28,000 prisoners and now has 44,000, one-third of whom are there on drug charges.[31] Fifteen years from now, it is expected that half of the 100,000 to 150,000 federal prisoners will be incarcerated for drug violations.[32]

Will more prisons help? Not in any significant way. We simply can't build enough of them to hold all of America's drug offenders -

which number in the millions. And even if we could, the cost would far exceed what American taxpayers would be willing to pay.

Decriminalization is the single most effective step we could take to reduce prison overcrowding. And with less crowded prisons, there will be less pressure on prosecutors to plea bargain and far greater chance that non-drug criminals will go to jail - and stay in jail.

And then there is this related question: How many predatory crimes of violence are going uninvestigated, unprosecuted and unpunished because of the enormous effort being put into the war on drugs? We may never know. But, regardless of whether the number is large or small, it is the individual citizen and our communities that are paying the price of that neglect.

The unvarnished truth is that in our effort to prosecute and imprison our way out of the war on drugs, we have allowed the drug criminals to put us exactly where they want us: wasting enormous resources - both in money and personnel - attacking the fringes of the problem (the users and small time pushers), while the heart of the problem - the traffickers and their profits - goes unsolved.

In a nutshell, we're only arresting, prosecuting and incarcerating the tip of the iceberg; nevertheless, that tip is far larger than we have the capacity to handle.

3. **Failed Supply Side Policies**

Not only can we not prosecute our way out of our drug morass, we cannot interdict our way out of it either. Lately there have been calls for stepped up border patrols, increased use of the military and greater pressure on foreign governments. Assuming that these measures would reduce the supply of illegal drugs, that reduction would not alleviate the chaos in our cities and might make it worse.

Simple numbers explain why stepped up interdiction is unlikely to have much effect on demand. According to statistics recently cited by the AMA, Latin America produced 162,000 to 211,400 metric tons of cocaine in 1987.[33] That is five times the amount needed to supply the U.S. market. Moreover, we are probably only interdicting 10 to 15 percent of the cocaine entering this country. Thus, even, if we quadrupled the amount of cocaine we interdict, the world supply of cocaine would still far outstrip U.S demand. The statistics on opium are equally unnerving. Between 2,000 and 3,000 tons of opium were produced in 1987. And yet only 70 tons are needed to satisfy the U.S. demand for heroin.[34] In other words, the U.S. demand for opium is no more than 3.5% of the total amount produced. With that much of an oversupply, improved interdiction may increase the perceived risk to producers and importers, which may, in turn, increase the price. But it is not going to even begin to dry up the black market in heroin or cocaine. (Cocaine traffickers have had such success recently in smuggling their product, that the street price of cocaine is actually dropping.)

If the drug laws of the United States simply didn't achieve their intent, perhaps there would be insufficient reason to get rid of them. But our drug laws are doing more than not working - they are violating Hippocrate's famous admonition: first do no harm.

The legal prohibition of narcotics, cocaine and marijuana demonstrably increases the price of those drugs. For example, an importer can purchase a kilogram of heroin for $10,000. By the time that kilogram passes through the hands of several middlemen (wholesalers, retailers and purchasers), its street value can reach $1,000,000.[35] Those kinds of profits can't help but attract major criminal enterprises willing to take any risk to keep their product coming to the American market.

The situation with cocaine is worse. In a 1979 analysis cited in The Cocaine Wars,[36] a DEA agent demonstrated how $625 worth of coca leaves would have a street value in the United States of $560,000.[37] The analyst further calculated that if Columbia processed fourteen metric tons of cocaine per year, a number he considered conservative, it would produce almost $8 billion a year in potential revenue from raw materials only worth $8 million.[38] One year after that estimate was made, "the best estimate of the size of the Bolivian coca crop was 58,275 metric tons,"[39] a number almost twice as large as the number upon which the original DEA analysis was based. That meant that the Columbian drug cartels could look forward to even larger profits than were first feared by the DEA. Is it any wonder that Columbia has been virtually taken over by

the drug traffickers, and that the unprecedented violence and corruption associated with cocaine that began in South America has now been brought to the cities and streets of the United States?

The fact is that the United States in the last ten years has become absolutely awash in cocaine, and tougher laws, greater efforts at interdiction, and stronger rhetoric at all levels of government and from both political parties have not, and will not, be able to stop it.

As we learned during alcohol Prohibition, when the government bans a substance that millions of people are determined to use - either out of foolishness, addiction or both - violent criminal syndicates will conspire to manufacture and sell that substance. And they'll do so for one simple reason: enormous black market profits. Punishment won't deter the trade and neither will internecine conflicts (including murder) among the traffickers. Such conflicts are just a way of reducing the competition. Drugs are a multi-billion dollar business, and as long as that's the case, willing buyers will always be able to find willing sellers.

4. Victimization of Children

Perhaps the biggest victim of our drug laws are children. Many, for example, have been killed as innocent bystanders in gun battles among traffickers. Furthermore, while it's true that drug prohibition probably does keep some children from experimenting with

drugs, almost any child who wants drugs can get them. Keeping drugs outlawed has not kept them out of children's hands.

Recent statistics in both Maryland and Baltimore prove the point. In a 1986-1987 survey of Maryland adolescents, 13% of eighth graders, 18.5% of tenth graders and 22.3% of twelfth graders report that they are currently using drugs. In Baltimore City, the percentages are 16.6, 16.5 and 20.3, respectively.[40] It should be noted that these numbers exclude alcohol and tobacco, and that current use means at least once a month. It should also be noted that these numbers show a decrease from earlier surveys in 1982 and 1984. Nevertheless, the fact remains that drugs are being widely used by students. Moreover, these numbers don't include the many young people who have left school or those who failed to report their drug use.

A related problem is that many children, especially those living in the inner city, are frequently barraged with the message that selling drugs is an easy road to riches - far easier than hard work and good grades. Drug pushers, with their wads of money, become envied role models for young people who are seduced into joining the illegal trade. In Baltimore, as in many other cities, small children are acting as lookouts and runners for drug pushers, just as they did for bootleggers during Prohibition. Decriminalization and the destruction of the black market would end this most invidious form of child labor.

As for education, decriminalization will not end the "Just Say No" and similar education campaigns. On the contrary, more money will be available for such programs. Decriminalization will, however, end the competing message of "easy money" that the drug dealers use to entice children. Furthermore, decriminalization will free up valuable criminal justice resources that can be used to find, prosecute and punish those who sell drugs to children.

5. Spread of Aids

The 1980's have brought another major public health problem that is being made still worse because of our drug laws: AIDS. Contaminated intravenous drug needles are now the principal means of transmission for HIV infection. The users of drug needles infect not only those with whom they share needles, but also their sex partners and their unborn children.

One way to effectively slow this means of transmission would be to allow addicts to exchange their dirty needles for clean ones. However, in a political climate where all illicit drug use is condemned, and where possession of a syringe can be a criminal offense, few jurisdictions have been willing to initiate a needle exchange program. This is a graphic example, along with our failure to give illegal drugs to cancer patients with intractable pain, of our blind pursuit of an irrational policy.

6. Helping the Smugglers; Ignoring the Addicts

The drug laws of the United States are self-defeating in ways both large and small. As previously stated, the most visible effect of our 74 year effort to criminalize the use of drugs has been the intolerable level of violent crime (committed by both addicts and traffickers) that has befallen our cities.

But our drug laws are self-defeating in other ways. One has to do with the art of smuggling. It is easier to smuggle small amounts of highly concentrated drugs than larger amounts of less concentrated drugs. Consequently, as our interdiction efforts have increased, drug traffickers have turned to smuggling purer forms of their product. For example, the average purity of cocaine has risen from 12 to 60 percent since 1980.[41] A similar increase has been found for heroin. (In 1967, a study by Arthur D. Little suggested that the concentration of heroin could be increased by over 1000 percent thereby greatly reducing its bulk.)[42] Also traffickers are switching from marijuana to cocaine, both because of the higher profits and because cocaine is easier to smuggle.[43] That, in turn, may be contributing to the burgeoning domestic supply of marijuana.

Our drugs laws hurt us in still another, even more subtle, way. Addicts, particularly those living in poor neighborhoods, have long been social outcasts. We seem to care little about their health and well being. That is a harsh judgment on our society, but it's hard to avoid, considering that there are 500,000 heroin addicts and millions of cocaine users, and yet we take no steps to control the contents of these illegal substances.

As Ethan Nadelmann has pointed out, we would never allow liquor to be sold without the percentage of alcohol clearly marked on the bottle.[44] Similarly, we regulate the concentration of aspirin and all other over-the-counter drugs. Why shouldn't we do the same for heroin, cocaine and marijuana? - substances that are ingested by millions of Americans. The answer seems to be that our fear and dislike of drug use has become so pervasive, all humanitarian considerations - no matter how reasonable - are ignored.

Actually, with respect to opium, the Harrison Narcotics Act was a major step backwards. In 1906, Congress approved the Pure Food and Drug Act.[45] Amendments to that Act "required that the quantity of each drug be truly stated on the label, and that the drugs meet official standards of identity and purity."[46] But that concern for safety came to an abrupt end with the passage of the Harrison Narcotics Act. As a result, adulterated drugs, or drugs whose purity is dangerously high, are now being sold throughout the United States to both adults and children.

7. <u>The Mixed Message of Tobacco and Alcohol</u>

The case for the decriminalization of drugs becomes even stronger when illegal drugs are looked at in the context of legal drugs.

It is estimated that over 350,000 people will die this year from tobacco related diseases. Last year the number was equally large. And it will be again next year. Why do millions of people continue

to engage in an activity which has been proven to cause cancer and heart disease? The answer is that smoking is more than just a bad habit. It's an addiction. Surgeon General C. Everett Koop earlier this year called nicotine as addictive as heroin and cocaine. And yet, with the exception of taxes and labeling, cigarettes are sold pretty much without restriction. They're cheap, widely available (including in vending machines) and widely advertised (except on television). They are not even classified as a drug, despite their highly addictive nature.

By every standard we apply to illicit drugs, tobacco should be a controlled substance. But it's not, and for good reason. Given that millions of people continue to smoke - many of whom would quit if they could - making cigarettes illegal would be an open invitation to a new black market. Criminal enterprises would break out all over the United States. The price of a pack of cigarettes would skyrocket. An illegal tobacco trade would completely overwhelm our criminal justice system. And the U.S. treasury would lose billions of dollars in taxes.

The certain occurrence of a costly and dangerous illegal tobacco trade (if tobacco was outlawed) is well understood by Congress, the Administration and the criminal justice community. No rationally thinking person would want to bring such a catastrophe down upon the United States - even if it would prevent some people from smoking. (And, not surprisingly, no opponent of drug decriminalization has suggested that we criminalize cigarettes.) Nevertheless, what is

abundantly clear with respect to tobacco is painfully ignored with respect to drugs. But if we don't want to learn from what we can expect to happen in a world of illegal tobacco, we should at least be willing to learn from what we already know happened in a world of illegal alcohol.

Like tobacco, alcohol is also a drug that kills thousands of Americans every year. It plays a part in over half of all automobile fatalities; and is also frequently involved in suicides, non-automobile accidents, domestic disputes and crimes of violence. Millions of Americans are alcoholic, and alcohol costs the nation billions of dollars in health care and lost productivity. So why not ban alcohol? Because, as almost every American knows, we already tried that. Prohibition turned out to be one of the worst social experiments this country has ever undertaken.

I will not review the sorry history of Prohibition except to make two important points. The first is that in repealing Prohibition, we made significant mistakes that should not be repeated in the event that drug use is decriminalized. Specifically, when alcohol was again made legal in 1934, we made no significant effort to educate people as to its dangers. There were no (and still are no) "Just Say No" campaigns against alcohol. We allowed alcohol to be advertised and have associated it with happiness, success and social acceptability. We have also been far too lenient with drunk drivers.

The second point is that notwithstanding claims to the contrary by critics of decriminalization, there are marked parallels between the era of Prohibition and our current policy of making drugs illegal, and important lessons to be learned from our attempts to ban the use and sale of alcohol.

During Prohibition, the government tried to keep alcohol out of the hands of millions of people who refused to give it up. As a result, our cities were overrun by criminal syndicates enriching themselves with the profits of bootleg liquor and terrorizing anyone who got in their way. We then looked to the criminal justice system to solve the crime problems that Prohibition created. But the criminal justice system - outmanned, outgunned and often corrupted by enormous black market profits - was incapable of stopping the massive crime wave that Prohibition brought, just as it was incapable of stopping people from drinking.

Those opposed to decriminalization argue that "alcohol was different." The health effects may be different, although alcohol has actually been shown to be more physically and psychologically damaging than many illegal drugs; but the devastating effects of a multi-billion dollar black market are the same.

In the ongoing debate about the decriminalization of drugs, there are two lessons to be learned from Prohibition. One is that the only language the drug criminals understand is money. Therefore, the way to put them out of business is to take away their profits.

That is not surrender; that is a strategy which can win what, up until now, has been a losing war against drug traffickers.

The second lesson has to do with the way in which drugs should be made a public health responsibility. Unlike alcohol, where we went from Prohibition to encouraging alcohol consumption - leaving the public health system to deal with the consequences - any form of decriminalization must be accompanied by a reallocation of resources to education, treatment and prevention programs designed to keep non-users away from drugs and current users off drugs. Moreover, as I'll elaborate in the recommendations section, this program should apply to alcohol and tobacco as well.

As a person now publicly identified with the movement to reform our drug laws through the use of some form of decriminalization, I consider it very important to say that I am not soft on either drug use or drug dealers. I'm a soldier in the war against drugs. I spent years prosecuting and jailing drug traffickers, and had one of the highest rates of incarceration for drug convictions in the country. And if I were still State's Attorney, I would be enforcing the law as vigorously as ever. My experience as a prosecutor did not in any way alter my passionate dislike for drug dealers, it simply convinced me that the present system doesn't work and can't be made to work.

As State's Attorney, I was confronted daily with the victims of our drug crimes, who for the most part are ignored by the opponents

of drug decriminalization. One of my most painful duties as State's Attorney was prosecuting drug dealers who injured and sometimes killed police officers. In Baltimore, as in so many other cities, our police officers and undercover agents serve with distinction and uncommon bravery. Their work is dangerous and needs to be highly commended. But that is no reason to ignore common sense. The end-game in the war on drugs is not less supply or more jails, or even the death penalty. It's less profit and less demand - and that will only come about through increased efforts at treatment and prevention.

During the Revolutionary War, the British insisted on wearing red coats and marching in formation. They looked very pretty. They also lost. A good general does not pursue a strategy in the face of overwhelming evidence of failure. Instead, a good general changes from a losing strategy to one that exploits his enemy's weaknesses while exposing his own troops to only as much danger as is required to win. The drug traffickers can be beaten and the public health of the United States can be improved if we're willing to substitute common sense for rhetoric, myth and blind persistence.

Recommendations

Congress, in order to reduce the black market in illegal drugs, should begin taking incremental steps in the direction of making drugs less of a criminal justice responsibility and more of a public health responsibility.

A. **RECOMMENDATION:** Expand the role of the public health system in the treatment and prevention of drug abuse.

1. United States drug policies and practices should be revised to ensure that no narcotics addict need get his or her drug from the "black market".

   a. Methadone maintenance should be expanded so that, under medical auspices, every narcotics addict who applies for treatment can receive it.

   b. Other forms of narcotics maintenance, including cocaine and heroin maintenance, should be made available, along with methadone maintenance, under medical auspices.

   It will be up to the physician to determine whether the person requesting maintenance is an addict. Drugs will not be dispensed to non-users.

   c. End the requirement that persons be addicted for at least one year before being eligible to enter a methadone treatment program.

2. Ban all advertising of drugs including alcohol and tobacco.
3. End government restrictions on research targeted to the potential medical uses of drugs.
4. Allow cancer patients to use Schedule I drugs for intractable pain.
5. Institute a clean needle exchange program as a way to reduce the spread of AIDS.
6. The federal government should lead a coordinated approach to adolescent drug education.
7. Develop community based programs designed to reach at-risk youths. These would include education, employment and mentor programs.

B. **RECOMMENDATION:** Redefine the role of the criminal justice system in the fight against drugs.

1. Establish a high level commission to study the potential impact of decriminalization with particular emphasis on developing substance control policies based upon the relative potential for harm which a drug possesses. The commission should also be responsible for determining if there would be a national standard for decriminalization and what role the states will play.

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2. Immediately eliminate criminal penalties for simple possession of marijuana. Revise all other criminal statutes on drugs in accordance with the findings of the commission concerning the relative harm of drugs.
3. Limit drug testing to pre-employment exams affecting the health and safety of others, or when an employer has a reasonable suspicion of impairment, or as a monitoring service during a comprehensive rehabilitation and treatment program.
4. Increase the penalties for driving while impaired.
5. Impose mandatory jail terms on those who finance the importation and/or distribution of illicit drugs.
6. Adopt legislation to make it a crime to sell to children any drug that possesses the potential for serious bodily harm to the health of children (except drugs prescribed for medical use by physicians). Such legislation would include cigarettes and alcohol as well as those drugs currently deemed illicit.
7. Recommendations A(1)(a) and (b) and B(2) should not have to await the findings of the Commission and should be implemented immediately.

NOTES

[1]Editorial Comment, American Magazine (November 1915): 799-800 cited in The Consumers Union Report, Licit & Illicit Drugs, ed. Edward M. Brecher (1972), p. 50.

[2]Edward M. Brecher, "Drug Laws and Drug Law Enforcement: A Review and Evaluation Based on 111 years of Experience", in Perspective on Drug Use in the United States ed. by Bernard Segal published by Haworth Press, N.Y. (1986).

[3]American Medical Association, Report NNN of the Board of Trustees - Drug Abuse in the United States: A Policy Report, (1988), p. 2.

[4]Ibid.

[5]Cited in Washington Spectator Vol 14, No. 14 (Aug. 1, 1988).

[6]August Vollmer, The Police and Modern Society, (Berkeley, 1936), pp. 117-118, cited in Brecher et al., pp. 52-53.

[7]Brecher et al. (1972), p. 3.

[8]Brecher (1986), p. 3.

[9]Ibid., p.5.

[10]James A. Inciardi, The War on Drugs: Heroin, Cocaine, Crime and Public Policy, Mayfield Publishing Company (1986), p. 14.

[11]Ibid.

[12]Public Law No. 223, 63rd Cong. approved December 17, 1914.

[13]Webb v. U.S., 249 U.S. 280 (1922).

[14]Inciardi (1986), p. 15.

[15]American Magazine cited in Brecher et at. (1972), p.50.

[16]Report NNN (1988), p. 9.

[17]Brecher et al. (1972).

[18]National Institute of Drug Abuse, cited in Washington Spectator, Vol 14, No. 14 (August 1, 1988).

[19]Testimony of Linda Lewis of the Alcohol, Drug Abuse and Mental Health Administration before The House of Representatives Select Committee on Narcotics Abuse and Control, (May, 1988).

[20]U.S. Justice Department, "Report to the Nation on Crime", (March 1988):51.

[21]Inciardi (1988), p. 126.

[22]Ibid., p. 119.

[23]Ibid.

[24]"Crime in Baltimore", prepared by Coordinating Council on Criminal Justice (1988), p. 12.

[25]Unpublished data from the Maryland Drug and Alcohol Abuse Administration, 9 September 1988.

[26]Ibid.

[27]Ethan A. Nadelmann, "The Case for Legalization", in The Public Interest (Summer 1988), p. 17.

[28]Ethan A. Nadelmann, "Shooting Up", in The New Republic, (June 13, 1988), p. 17.

[29]Unpublished data from the Baltimore City Police Department, Drug Enforcement Unit, September 1988.

[30]Nadelmann, "The Case For Legalization", p. 16.

[31]Ibid, p. 15.

[32]Ibid.

[33]AMA Report NNN (1988), p. 7.

[34]Ibid.

[35]Brecher (1986), p. 9.

[36]Paul Eddy, Hugo Sabogal and Walden, The Cocaine Wars, W.W. Norton Company, (1988).

[37]Ibid., p. 48.

[38]Ibid.

[39]Ibid., p. 49.

[40]Maryland Department of Health and Mental Hygiene

Addictions Service Administration, "1986-87 Survey of Substance Abuse Among Maryland Adolescents", Table 12 (November 1, 1987), p. 16.

[41]Nadelmann, "The Case For Legalization", p. 7.

[42]Cited in Brecher et al. (1972), p. 96.

[43]Nadelmann, "The Case For Legalization", p. 8.

[44]Ibid., p. 20.

[45]Public Law No. 383, 59th Cong. approved June 30, 1906.

[46]Brecher et al. (1972), p. 47.

EXHIBIT B

"An Open Letter to Bill Bennett"

By Milton Friedman

The Wall Street Journal, September 7, 1989

THE WALL STREET JOURNAL THURSDAY, SEPTEMBER 7, 1989

An Open Letter To Bill Bennett

Dear Bill:

In Oliver Cromwell's eloquent words, "I beseech you, in the bowels of Christ, think it possible you may be mistaken" about the course you and President Bush urge us to adopt to fight drugs. The path you propose of more police, more jails, use of the military in foreign countries, harsh penalties for drug users, and a whole panoply of repressive measures can only make a bad situation worse. The drug war cannot be won by those tactics without undermining the human liberty and individual freedom that you and I cherish.

You are not mistaken in believing that drugs are a scourge that is devastating our society. You are not mistaken in believing that drugs are tearing asunder our social fabric, ruining the lives of many young people, and imposing heavy costs on some of the most disadvantaged among us. You are not mistaken in believing that the majority of the public share your concerns. In short, you are not mistaken in the end you seek to achieve.

Your mistake is failing to recognize that the very measures you favor are a major source of the evils you deplore. Of course the problem is demand, but it is not only demand, it is demand that must operate through repressed and illegal channels. Illegality creates obscene profits that finance the murderous tactics of the drug lords; illegality leads to the corruption of law enforcement officials; illegality monopolizes the efforts of honest law forces so that they are starved for resources to fight the simpler crimes of robbery, theft and assault.

Drugs are a tragedy for addicts. But criminalizing their use converts that tragedy into a disaster for society, for users and non-users alike. Our experience with the prohibition of drugs is a replay of our experience with the prohibition of alcoholic beverages.

I append excerpts from a column that I wrote in 1972 on "Prohibition and Drugs." The major problem then was heroin from Marseilles; today, it is cocaine from Latin America. Today, also, the problem is far more serious than it was 17 years ago: more addicts, more innocent victims; more drug pushers, more law enforcement officials; more money spent to enforce prohibition, more money spent to circumvent prohibition.

Had drugs been decriminalized 17 years ago, "crack" would never have been invented (it was invented because the high cost of illegal drugs made it profitable to provide a cheaper version) and there would today be far fewer addicts. The lives of thousands, perhaps hundreds of thousands of innocent victims would have been saved, and not only in the U.S. The ghettos of our major cities would not be drug-and-crime-infested no-man's lands. Fewer people would be in jails, and fewer jails would have been built.

Flashback

This is a truncated version of a column by Mr. Friedman in Newsweek's May 1, 1972, issue, as President Nixon was undertaking an earlier "drug war":

"The reign of tears is over. The slums will soon be only a memory. We will turn our prisons into factories and our jails into storehouses and corneribs. Men will walk upright now, women will smile, and the children will laugh. Hell will be forever for rent."

That is how Billy Sunday, the noted evangelist and leading crusader against Demon Rum, greeted the onset of Prohibition in early 1920.

We know now how tragically his hopes were doomed.

Prohibition is an attempted cure that makes matters worse—for both the addict and the rest of us.

Consider first the addict. Legalizing drugs might increase the number of addicts, but it is not clear that it would. Forbidden fruit is attractive, particularly to the young. More important, many drug addicts are deliberately made by pushers, who give likely prospects that first few doses free. It pays the pusher to do so because, once hooked, the addict is a captive customer. If drugs were legally available, any possible profit from such inhumane activity would disappear, since the addict could buy from the cheapest source.

Whatever happens to the number of addicts, the individual addict would clearly be far better off if drugs were legal. Addicts are driven to associate with criminals to get the drugs, become criminals themselves to finance the habit, and risk constant danger of death and disease.

Consider next the rest of us. The harm to us from the addiction of others arises almost wholly from the fact that drugs are illegal. It is estimated that addicts commit one third to one half of all street crime in the U.S.

Legalize drugs, and street crime would drop dramatically.

Moreover, addicts and pushers are not the only ones corrupted. Immense sums are at stake. It is inevitable that some relatively low-paid police and other government officials—and some high-paid ones as well—will succumb to the temptation to pick up easy money.

Legalizing drugs would simultaneously reduce the amount of crime and raise the quality of law enforcement. Can you conceive of any other measure that would accomplish so much to promote law and order?

In drugs, as in other areas, persuasion and example are likely to be far more effective than the use of force to shape others in our image.

Colombia, Bolivia and Peru would not be suffering from narco-terror, and we would not be distorting our foreign policy because of narco-terror. Hell would not, in the words with which Billy Sunday welcomed Prohibition, "be forever for rent," but it would be a lot emptier.

Decriminalizing drugs is even more urgent now than in 1972, but we must recognize that the harm done in the interim cannot be wiped out, certainly not immediately. Postponing decriminalization will only make matters worse, and make the problem appear even more intractable.

Alcohol and tobacco cause many more deaths in users than do drugs. Decriminalization would not prevent us from treating drugs as we now treat alcohol and tobacco: prohibiting sales of drugs to minors, outlawing the advertising of drugs and similar measures. Such measures could be enforced, while outright prohibition cannot be. Moreover, if even a small fraction of the money we now spend on trying to enforce drug prohibition were devoted to treatment and rehabilitation, in an atmosphere of compassion not punishment, the reduction in drug usage and in the harm done to the users could be dramatic.

This plea comes from the bottom of my heart. Every friend of freedom, and I know you are one, must be as revolted as I am by the prospect of turning the United States into an armed camp, by the vision of jails filled with casual drug users and of an army of enforcers empowered to invade the liberty of citizens on slight evidence. A country in which shooting down unidentified planes "on suspicion" can be seriously considered as a drug-war tactic is not the kind of United States that either you or I want to hand on to future generations.

Milton Friedman
Senior Research Fellow
Hoover Institution
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Executive Director:
J. THOMAS COCHRAN

September 20, 1989

The President
The White House
Washington, D.C. 20500

Dear Mr. President:

Over the past several years, the mayors and police chiefs of this nation have been drawn together, as never before, by the drug crisis in our cities. As a group, we have called again and again for a comprehensive national strategy. We believe that you and Director Bennett have now given us the comprehensive strategy that has been so desperately needed.

We are pleased that the majority of the recommendations which had been offered by the Conference of Mayors this year were incorporated, in one form or another, in your strategy. But because of the enormity of the drug problem, we must be concerned about the impact of this strategy, or any strategy, if it is not backed by adequate federal resources, if it is not equipped to get those resources to where they are most needed, or if it takes funds away from other badly-needed programs and services in cities.

The mayors and police chiefs of 100 of our cities met this week in Washington; we discussed the plan at length, among ourselves and with Judge Walton, and expressed many of our concerns to him. Our three major points were these:

First, the total $7.9 billion proposed for the war on drugs -- the most serious problem in the nation-- is less than one percent of the nation's budget. The $350 million proposed for state and local enforcement assistance amounts to less than one percent of the total which state and local governments spend on criminal justice each year. When the scope of what must be accomplished with the enforcement funds is considered, it should be clear that we will have to move well beyond the currently authorized level of funding.

Second, the federal anti-drug help which is provided must come directly to cities; it should not be forced through a bureaucratic maze of federal and state agencies. Serious problems have been experienced with the state-local assistance programs for drug education, treatment and enforcement. The funds have been slow in coming to our cities, and too often they have not made it to the areas of greatest need.

Third, it is critical that the nation's drug war be expanded without shifting federal funds away from urban programs which actually support the war on drugs. Taking any funds from programs which fight the conditions fueling the drug crisis would clearly be counterproductive, and could only make this war more difficult to win. We need to be investing in solutions to the full range of urban problems, not cutting back on some to move ahead on others.

Mr. President, you can continue to count the mayors and police chiefs among the strongest supporters of your national anti-drug initiative. We hope we can count on your support for what we know must be done in our cities.

Sincerely,

Kathryn J. Whitmire

Kathryn J. Whitmire
President

A STATUS REPORT ON THE IMPLEMENTATION OF ANTI-DRUG ABUSE ACT BLOCK GRANT PROGRAMS IN CITIES

A 30-CITY SURVEY

MAY 31, 1989

THE UNITED STATES CONFERENCE OF MAYORS

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SUMMARY

The Anti-Drug Abuse Act of 1986 marked the first time that the national government approached the problems of illegal drug trafficking and abuse in a comprehensive manner. Among its many provisions was the establishment of three new block grant programs for enforcement, education and treatment. These programs provided funds in block grants to the states, with the requirement that a large portion of the funds be passed through to local jurisdictions and agencies. A survey done by the Conference of Mayors in October 1987, exactly one year after the Act was signed into law, showed that only a small portion of the funds had been provided to local agencies. The purpose of this report is to update the 1987 survey by assessing the current status of implementation of the three block grant programs and the degree to which they are responsive to local needs.

Below are the findings for the 30 cities surveyed during May by the Conference.

CITY PARTICIPATION IN DEVELOPMENT OF THE STATE PLAN

- Just under one in four of the survey cities have participated in the development of their state's plan for anti-drug education; 76 percent have never participated.

- Just under one in five of the cities have participated in the development of their state's plan for treatment; 81 percent have never participated.

- One-half of the cities have participated in the development of their state's plan for enforcement; half have never participated.

THE GRANT-IN-AID SYSTEM — RESPONSIVE TO CITY NEEDS?

- More than two-thirds of the cities do not believe that the grant-in-aid system (primarily state block grants) established through the Anti-Drug Abuse Act of 1986 is responsive to their needs; thirty-one percent believe it is.

- More than four out of five of the cities responding to an open-ended question stated that direct federal funding of cities, or a sub-state funding entitlement for cities, would make the Anti-Drug Abuse Act programs more responsive to their needs.

STATE ADMINISTRATION OF THE BLOCK GRANT PROGRAMS

- Rating state administration of the anti-drug block grant programs:

  * For education, one-half of the cities gave their states a poor rating and 29 percent gave a good rating.

* For treatment, 68 percent of the cities gave their states a poor rating and 14 percent gave a good rating.

* For enforcement, 46 percent of the cities gave a poor rating and 37 percent gave a good rating.

CITY INVOLVEMENT IN THE FY89 ENFORCEMENT ASSISTANCE BLOCK GRANTS

- Forty-one percent of the survey cities have had an opportunity to review the state plan; the rest have not.
- Thirty-six percent of the cities have had an opportunity to participate in the planning process; the rest have not.
- Twenty-seven percent of the survey cities know how much funding they will receive under the plan; the rest do not.
- Forty-one percent of the cities have a say in deciding how the funds which they receive will be spent; the rest do not.
- Seventy-one percent of the cities say the funds are being spent for activities consistent with their city's drug enforcement priorities; the rest say they are not.

FEDERAL ANTI-DRUG ENFORCEMENT FUNDS RECEIVED BY THE CITIES

- Twenty-three percent of the survey cities have yet to receive any funding for any year through the enforcement assistance block grant program.

INTRODUCTION

The Anti-Drug Abuse Act of 1986 marked the first time that the national government approached the problems of illegal drug trafficking and abuse in a comprehensive manner. It strengthened critical federal interdiction efforts, such as those of the Customs Service, the Coast Guard and the military, and it stiffened many federal criminal penalties for drug-related crimes. Of particular importance was the assistance to be provided to state and local governments for drug education, treatment and enforcement efforts.

When the 1986 Act was debated in Congress it was in the context of getting help to the cities, to the trenches in the war on drugs. What actually passed the Congress was a bill which provided funds primarily to the states, with the requirement that a good portion be passed through to local jurisdictions and agencies.

A survey done by the Conference of Mayors in October 1987, exactly one year after the Act was signed into law, showed that only a small portion of the funds actually had been provided to local programs in the survey cities in these areas and that the grant-in-aid system (state block grants) was not responsive to the needs of two-thirds of the cities surveyed.

The Anti-Drug Abuse Act of 1988 amended the enforcement and treatment block grants. In the enforcement area, deadlines for the submission of the state plan, federal review of the plan and disbursement of the funds within the state were legislated. In the treatment and rehabilitation area, the separate substance abuse block grant was combined with the existing Alcohol, Drug Abuse and Mental Health Block grant.

The purpose of this report is to assess the status of implementation of the three block grant programs. A questionnaire was sent to the Conference of Mayors' leadership on this issue: the members of the Executive Committee, Advisory Board and Task Force on Drug Control -- 46 mayors in all. Responses were received from 30 of them, 65 percent. The information which they provided is summarized on the following pages.

The reader should note that in no case do the percentages reported for a survey question include a city unable to respond to that question.

CITY PARTICIPATION IN THE DEVELOPMENT OF THE STATE PLAN

Less than one in four of the survey cities have participated in the development of their state's plan for anti-drug education; 76 percent of the cities have never participated. A Newton official served on the state planning board. Birmingham and Louisville participated through their school system. Citizens Against Substance Abuse in Cincinnati was able to give ideas. Washington, D.C., which performs the functions of both a state and a city for the block grant programs, was the only other city to have participated in the state planning process.

Less than one in five of the survey cities have participated in the development of their state's plan for treatment; 81 percent have never participated. Houston officials had "verbal interaction with staff of the Texas Commission on Alcohol and Drug Abuse." Louisville's involvement was through its membership on the board of directors of Seven Counties Services, Inc. and the Jefferson Alcohol and Drug Abuse Center. Philadelphia said it was able to comment on the state plan, "but with little or no influence." Other cities which participated were Washington, D.C. and Providence.

One-half of the survey cities have been involved in the development of their state's plan for enforcement; 54 percent have never been involved. Charlotte's Assistant Police Chief serves on the Governor's Crime Commission. The City of Phoenix is a member of the Arizona Criminal Justice Commission. Providence's police department was involved through the City-State Task Force on Drug Crimes. Through its Criminal Justice Coordinating Commission, the City of Philadelphia submitted a strategy for state and federal assistance in the first and third years of the program, but did not serve on any formal state planning body. Indianapolis police submitted a funding plan to the state criminal justice institute. Houston provided testimony at a public hearing, and written suggestions were submitted by the city government and its state representatives. New Orleans officials responded to a state questionnaire.

THE GRANT-IN-AID SYSTEM — RESPONSIVE TO CITY NEEDS?

Officials in more than two out of three of the survey cities do not believe that the grant-in-aid system (primarily state block grants) established through the Anti-Drug Abuse Act of 1986 is responsive to their city's needs. Thirty-one percent of the survey cities believe the anti-drug grant-in-aid system is responsive to their needs.

Legislative Changes

More than four out of five of the cities responding to an open-ended question stated that direct federal funding of cities or a sub-state funding entitlement for cities would make the Anti-Drug Abuse Act programs more responsive to their needs. Among their comments:

Boston: "Provide a higher portion of funds directly to localities with the greatest need (based on crime statistics, for example)."

Colorado Springs: "Requirement for allocation to cities over 250,000 population based on proportion of their criminal justice expenditures."

Detroit: There should be "additional funding made available to local governments in the form of federal discretionary grants. In many instances a local government may have a worthwhile proposal that does not fit the parameters of the statewide priority areas." There should be "amendments that would send anti-drug abuse act resources directly to cities that have the problems in concentration."

Erie: "Legislation in the future should include direct funding to the municipalities. The present method is not working in this area. Although important for state programs, this funding is essential at the municipal level. Separate funding should be made available to each entity."

Houston: "Legislation should allow for direct funding to cities so that local needs and priorities are addressed."

Jamestown: "Monies should be made available to cities of all sizes directly from the U.S. government."

Kansas City: "Direct funding of cities."

Louisville: "Passage of 'entitlement provisions' which would allow large cities to apply directly to the federal government for funding under the Anti-Drug Abuse Act."

New Orleans: "There is a need for some direct entitlement programs in education, treatment and enforcement in order to speed up the process, minimize bureaucratic layers and to ensure that cities benefit from education and treatment funds for which we are currently out of the loop."

New York City: "Direct entitlement grants for major cities based on extent of drug problem and resources needed to address those problems.

Philadelphia: "1)Entitlement of a guaranteed percentage of the funds based upon percent of the drug crime problem and criminal justice expenditures. 2)Full funding of state and local law enforcement at the authorized level. 3)Need to get funds awarded within six months of the beginning of the federal fiscal year."

Phoenix: "Direct federal funding to local governments. Increase funding levels to support law enforcement efforts. Revise the funding formula based on the demonstrated needs of substance abuse in each state instead of total population of the states."

San Diego: "Drop the cash match requirement, and the funds should go directly to cities."

Trenton: "The Act should be amended to direct funding to the local jurisdictions without passing through the state government."

Five cities — Binghamton, Charleston, Detroit, Philadelphia, and Phoenix — specifically called for an increase in federal enforcement funds.

Administrative Changes

The city officials also described administrative changes which would make the anti-drug programs more responsive to their needs. Five each called for:

- a requirement that the states include local governments in their planning and decision-making process;
- better provision of information by the states about the availability of funding; and
- reduced paperwork requirements by the states.

Among the cities' comments:

Birmingham: "Mandate inclusion of local agencies in state decisions."

Boston: "Improve mechanism for notifying localities of funding to be passed through the State. Enforce provisions of the law which direct states to distribute funds to areas of greatest need."

Charlotte: "Grant funding requires a tremendous amount of paperwork. This is not a major problem for larger cities that have the administrative staff to prepare grant applications and monitor the progress of the grant. It can, however, be a burden for smaller jurisdictions."

Cincinnati: "It is hard for us to know how to apply for funds. All funds seem to stop in Columbus with state government."

Colorado Springs: "Requirement that the state involve cities over 250,000 population in developing and approving the state plan."

Detroit: "Require involvement in the state's plan by cities where there is a concentration of drug abuse."

Indianapolis: "Broader notification should be made to local elected officials of the availability of drug prevention money."

Miami: "A requirement that major cities be involved in the creation of the state grant plan."

New Orleans: "State level involvement in the allocation process, however, can subject the cities to additional regulations, special conditions and other constraints which can weigh down the process. The City does not participate in a statewide planning process for education and treatment funding and must, therefore, rely upon public notices of fund availability in order to submit proposals."

Philadelphia: "Administrative directives which support federal mandate to get funds out within six months of the beginning of the federal fiscal year....There is far too much paper work involved in reporting the many categorical initiatives. Reporting requirements should be reviewed with an eye toward reducing them. Reduction of categorical initiatives would also facilitate a quicker response to problems identified by the local planning area."

Phoenix: "This Act would be more responsive to the City of Phoenix' needs if information related to the extent of funding availability, the application process, funding distribution dates and feedback relative to application review is communicated early in the review process."

Saint Paul: "Most grants...require compiling vast amounts of information in a short period of time. More time must be given to applicants to fulfill requirements, and those requirements should be specific."

San Diego: "Have representation on the state's Office of Criminal Justice Planning Advisory Committee."

York: "Currently all funds are administered and controlled by the county district attorney's office. Funding and grant program should be made available to local police departments with full-time drug enforcement programs."

STATE ADMINISTRATION OF THE BLOCK GRANT PROGRAMS

The city officials were asked to rate their state's administration of the block grant programs for education, treatment and enforcement in terms of its responsiveness to addressing the illegal drug problems in their city. The rating was on a scale of one to five, with one being poor and five excellent. It should be noted again that the District of Columbia performs both city and state level functions in the administration of the block grant programs.

For education programs, one-half of the responding cities gave their states a poor rating (a rating of one or two on the scale). Twenty-one percent of the cities gave their state a rating of three. Twenty-nine percent of the cities rated their state's administration of the education block grant program as good (four or five on the scale).

For treatment programs, 68 percent of the cities gave their states a poor rating of one or two. Fourteen percent of the cities rated their states' administration of the treatment block grant as good (a rating of four or five). Eighteen percent of the cities gave their states a rating of three for administration of the treatment block grant.

In the enforcement area, 46 percent of the cities gave their states a poor rating (of one or two) for block grant administration. Seventeen percent rated their states' administration of the enforcement block grant as a three. Thirty-seven percent of the cities gave their states a good rating (four or five) indicating their administration of the enforcement block grant was responsive to addressing the illegal drug problem in their city.

CITY INVOLVEMENT IN THE FY89 ENFORCEMENT ASSISTANCE BLOCK GRANTS

The survey cities were asked to describe their involvement in and knowledge and assessment of their state's FY89 plan for use of the law enforcement assistance block grant. Among the survey cities:

- Forty-one percent have had an opportunity to review the state plan; 59 percent have not. Comments:
  - Boston: The "city was able to review the state plan after it was submitted."
  - New York City: "There was "insufficient opportunity to review plan prior to submission.
- Thirty-six percent have had an opportunity to participate in the planning process; 64 percent have not. Comments:
  - Boston: The police commissioner was mailed a survey. However, a survey which gives equal weight to all cities, despite population, has little merit."
  - Houston: "Participation was limited to testimony provided at one public hearing that was hastily called so that the state's plan could be submitted later in the month."
  - New York City: It was "limited. (We) responded to a survey regarding the strategy."
- Twenty-seven percent know how much funding their city will receive under the plan; the rest do not. Comments:
  - Detroit officials explained that funding is based on competitive applications to the state.
  - Houston: "Drug funds are distributed on a competitive basis; no allowances are made for targeting funds to the areas experiencing the greatest drug problems."
  - Seattle: "We know how much money will come to the city because it doesn't get any."
- Forty-one percent have a say in deciding how the funds which come to the city will be spent; the rest do not. Comments:
  - Detroit: "We will have a say in the use of the funds if the city's application is accepted by the state."
  - Boston: "To date Boston has not had a say in deciding how funds coming to Boston will be spent. However, staff of the Police Department and the Mayor's Office have been working to open lines of communication with the State to prevent a repeat of problems in the past."

* Houston: "The state has established a priority for interjurisdictional task forces."

* New York City: The "City did not participate in State executive/legislative discussions concerning authorized programs. The City was given wide latitude in allocating federal funds to specific agencies."

* Philadelphia: "There is no provision for Philadelphia to make its own determination, only to advise the state. The state makes the final decision as to what the funding priorities are."

o Seventy-one percent of the cities say the funds are being spent for activities consistent with their city's drug enforcement priorities; 32 percent say they are not. Comments:

* Boston: "In the past, funds have not been earmarked for activities consistent with the city's drug enforcement priorities....However, efforts are underway to open the dialogue and work more closely with the State to better target federal dollars earmarked for Boston this year."

* Colorado Springs: From a May 4, 1989 letter from that city's Chief of Police to the State Division of Criminal Justice when the city's application for $52,581 in funding for a DARE program was denied:

> "We selected DARE from the list of approved program areas cited in the RFP. The drug demand reduction objective of the DARE meets our local jurisdiction's needs, and reflects current national drug control strategies....We view the denial of our request for a proven demand reduction program as a penalty for already having enforcement programs in place."

* Houston: "To a large extent, yes. The City of Houston's law enforcement priorities include focusing on street and consumer-level dealers; drug buyers and consumers and mid-level and major traffickers. The state's plan appears consistent with these goals."

* Philadelphia: "What funds we do get are pretty much in line with our priorities."

FEDERAL ANTI-DRUG ENFORCEMENT FUNDS RECEIVED BY THE SURVEY CITIES

The cities were asked to indicate the amount of anti-drug enforcement funding the city government had received in 1987 and 1988 and expects to receive in 1989. Seven of the cities — Binghamton, Erie, Jamestown, Newton, Santa Barbara, Seattle and York — report that they have received no funding thus far through the anti-drug enforcement grant program. The table below shows the amount of funds the survey cities received in 1987 and 1988 and expect to receive in 1989.

FUNDING IN DOLLARS

CITY	1987	1988	1989
Binghamton	0	0	0
Boston	131,187	181,600	
Charleston	0	35,148	21,000
Charlotte		(156,000 for three years)	
Colorado Springs	86,000	11,250	0
DeKalb	0	0	7,000
Detroit	0	303,446	
Erie	0	0	0
Houston	200,000	0	(1,200,000)
Indianapolis	536,251	279,156	
Jamestown	0	0	0
Kansas City	465,000	64,000	
Louisville	254,403	172,673	
Miami	0	350,000	0
New Orleans	544,724	168,176	328,556
Newton	0	0	
New York City	4,006,946	957,280	2,583,644
Philadelphia	2,250,000	1,800,000	
Phoenix		327,100	219,878
Saint Paul	125,394	37,618	
San Diego	753,515	355,415	513,875
Santa Barbara	0	0	(20,296)
Seattle	0	0	0
Trenton	32,000	0	0
Washington, D.C.	1,505,889	2,198,000	2,153,863
York	0	0	0

( ) = amount applied for

CITIES RESPONDING TO THE SURVEY

CITY	POPULATION
Binghamton, NY	52,910
Birmingham, AL	227,510
Boston, MA	573,600
Charleston, SC	68,900
Charlotte, NC	352,070
Cincinnati, OH	369,750
Colorado Springs, CO	272,660
DeKalb, IL	31,570
Detroit, MI	1,086,220
Elkhart, IN	44,180
Erie, PA	115,270
Houston, TX	1,728,910
Indianapolis, IN	719,820
Jamestown, NY	34,710
Kansas City, MO	441,170
Louisville, KY	286,470
Miami, FL	373,940
New Orleans, LA	554,500
New York City, NY	7,262,700
Newton, MA	82,140
Philadelphia, PA	1,642,900
Phoenix, AZ	894,070
Providence, RI	157,200
Saint Paul, MN	263,680
San Diego, CA	1,015,190
Santa Barbara, CA	79,290
Seattle, WA	486,200
Trenton, NJ	91,160
Washington, D.C.	626,000
York, PA	44,430

City_____

IMPLEMENTATION OF THE ANTI-DRUG ABUSE ACT GRANT PROGRAMS

1. Please indicate on the chart below if your city government has been involved in the development of your state's anti-drug abuse plans for education, treatment or enforcement If yes, please describe the type of involvement (i.e. served on planning board, submitted suggestions for state plan, etc.), and the specific local agency that was involved.

	Yes	No	Type of Involvement	Agency Involved
Education				
Treatment				
Enforcement				

2. Do you believe that the grant-in-aid system (primarily state block grants) established through the Anti-Drug Abuse Act of 1986 is responsive to your city's needs? Yes_____ No_____

A. Please describe any legislative amendments that would make the Act more responsive to your needs.

B. Please describe any administrative changes that would make the Act more responsive to your needs.

3. Using the chart below, please rate your state's administration of the block grant programs for education, treatment and enforcement in terms of its responsiveness to addressing the illegal drug problem in your city.

Education Programs	1	2	3	4	5
	Poor				Excellent
Treatment Programs	1	2	3	4	5
	Poor				Excellent
Enforcement Programs	1	2	3	4	5
	Poor				Excellent

4. Your state has submitted its plan for use of the funds available in FY89 under the anti-drug law enforcement assistance block grant to the Bureau of Justice Assistance.
   a. Have you had an opportunity to review the plan?
      Yes_____ No_____ Comments.

   b. Did your city have an opportunity to participate in the planning process?
      Yes_____ No_____ Comments.

   c. Do you know how much funding will come to your city under the plan?
      Yes_____ No_____ Comments.

   d. Did your city have a say in deciding how those funds which come to your city will be spent?
      Yes_____ No_____ Comments.

   e. Are the funds being spent for activities consistent with your city's drug enforcement priorities?
      Yes_____ No_____ Comments.

5. Federal funds have been available for anti-drug enforcement programs during fiscal years 1987, 1988, and 1989. Please indicate the amount of funding your <u>city government</u> received in 1987 and 1988 and expects to receive during 1989.
   1987 $_____
   1988 $_____
   1989 $_____

NAME AND TELEPHONE NUMBER OF PERSON COMPLETING FORM

_____

THE UNITED STATES CONFERENCE OF MAYORS

ARTHUR J. HOLLAND, MAYOR OF TRENTON
PRESIDENT

KATHRYN J. WHITMIRE, MAYOR OF HOUSTON
VICE PRESIDENT

* * *

EDWARD I. KOCH, MAYOR OF NEW YORK CITY
MAUREEN O'CONNOR, MAYOR OF SAN DIEGO
CO-CHAIRS, TASK FORCE ON DRUG CONTROL

* * *

J. THOMAS COCHRAN, EXECUTIVE DIRECTOR

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